

## CHAPTER 3: THE SEMI-PERMANENT STRUCTURE OF THE RELATIONAL DEVELOPMENTAL STAGES SHAPING THE HYPNOTIC BLUEPRINT IN THE CREATION AND MANIFESTATION OF REALITY

### 3.1 INTRODUCTION

In this chapter, the researcher aims to illustrate how the developmental framework initially developed by Harville Hendrix, PhD (Hendrix, 1997; Hendrix & Hunt, 2004) adds value and depth to the Creation and Manifestation of Reality-theory. Most of the content of this chapter has been derived from the creativity of Hendrix. The objective is not to compare the Hendrix developmental stages with those of other developmental theorists, but rather to illustrate how an in-depth understanding of the stages of relational development, and the impact of subsequent development arrest within those phases, can assist the therapist in his work with the patient. When the Hendrix developmental stage model is combined within the ambit of the Creation and Manifestation of Reality-theory, a more usable theoretical framework is established.

The researcher has observed these phases in his own beliefs and behavioural responses, as well as during in-depth work with his patients. He has also established that insight into these developmental phases, applied in conjunction with the Hypnotic Blueprint theory, allows the therapist to gracefully and succinctly become aware not only of the core beliefs that have been internalised within these stages, but also to recognise the subsequent behavioural themes that are consistently repeated within the framework of primary and societal relationships (refer Hypnotic Blueprint, Chapters 1 and 2).

In 1992, Dr. Harville Hendrix compiled the work of prominent developmental theorists into a system that can be incorporated into daily practice with clients. In this chapter, the work of Hendrix will be used throughout to illustrate to the reader the value of the developmental stage theory.

Although there are six developmental stages, only the first four will be focused on in depth in this study:

Stage 1: **Attachment**, from birth to 18 months of age

Stage 2: **Exploration**, from 18 months to three years

Stage 3: **Identity**, takes place between three to four years

Stage 4: **Competence**, occurs from ages four through seven.

Stage 5: **Concern**, from ages seven to twelve

Stage 6: **Intimacy**, during the teenage years

In the developmental stages, conclusions are made by the individual at the stage of relational development arrest, and which then manifest as core themes in personality and behavioural traits, namely:

- Attachment: "There is nobody there for me, nobody cares about me".
- Exploration: "I am not allowed to explore, to see, to experience.
- Identity: "I am not seen, I am not allowed to be".
- Competence: "My competence is not recognised, people don't see I am competent"
- Concern: "I am not seen as an equal, I will be excluded if I express my needs"
- Intimacy: "I am not free to express myself without criticism, others withhold approval"

In addition, the researcher will present how these core beliefs manifest repeatedly as behavioural responses within relationships and life patterns.

This developmental stage core theme, which relates to the subconscious conclusion made by the infant or child, brings about the subconscious decisions that he or she then makes. The researcher has therefore structured each developmental stage as follows:

- The task that the caregivers are supposed to fulfil during the stage.
- The mistakes that the parents make during these stages.
- The different conclusions that the individuals formulate during traumatic moments, which then entrench a lifetime behavioural response of minimising or maximising energies.
- The subsequent decisions that form the basis of the Hypnotic Blueprint or Life Script.
- How this developmental stage Hypnotic Blueprint manifests in their lives as adults.

### **3.2 THE OPPOSING FORCES OF MINIMISING AND MAXIMISING CORE BEHAVIOURAL RESPONSES**

*"The intolerable feelings within ourselves are banished into the shadow, turning its opposite into the persona mask."*

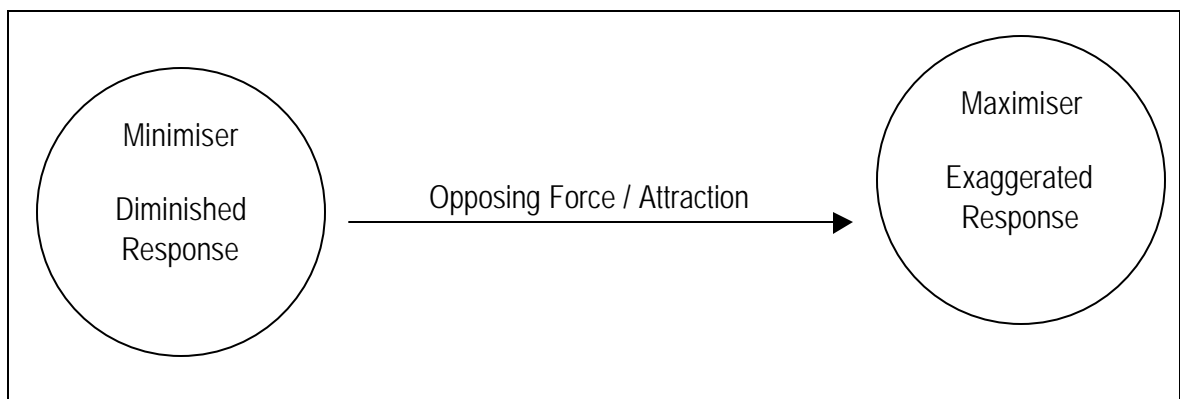
(Zweig and Wolf, 1997:17)

Humans are imbued with a keen sense of survival; nature has equipped us, neurologically and physically, to adapt in one of two ways to perceived life-threatening situations, echoing an ancient evolutionary legacy of either constricting and/or exploding energy in response to threatening stimuli, or the basic response of retreat/flight and attack/fight. Hendrix labels these two responses as the *Minimiser* and the *Maximiser*, describing them as two poles of character organisation found in most male/female pairings. However, the same dynamic is operational in homosexual couples, and is also echoed within the significant relationships we develop throughout our life, for example, with parents and siblings, work colleagues, people in authority, et cetera.

This behaviour of Minimizing or Maximizing aptly describes the way energy is expressed when danger is perceived, inadvertently activating the evolutionary survival instinct to either constrict or diminish energy or alternatively to explode or exaggerate it. These opposites form a complementary pattern, the yin-yang effect, with a symmetry and mutual complementarity that manifests and becomes operational on a continuum throughout our development and socialisation in life. In an attempt to protect and survive, the brain over-interprets signals for danger and sets this dualistic pattern into motion, which then manifests in relational behaviour. Irrelevant of the original wounding, or the developmental stage at which it occurs, some people will exaggerate their behavioural response to the initial event, and subsequent similar events, while others will diminish their response.

Graphically, it will appear as such:

**FIGURE 3.1: GRAPHICAL REPRESENTATION OF MINIMISER MAXIMISER ENERGY**



In other words, depending on the quality of the parent's response to the needs of the infant at each developmental stage, a polarisation can occur in the survival mechanism, acquiring one of two

forms. While one child may respond to the inadequate meeting of his needs by making a decision to diminish or minimise his affect in the world, the other copes by exaggerating or maximising his responses.

The Maximiser is described as the *active one, frequently expressive and explosive, discharging high energy, fighting to get what he needs.* (Hendrix, 1997:70-71) The Minimiser, by contrast, is passive, often immobile, retreating inward to avoid the risk of being emotionally compromised. At each stage of developmental arrest, the child will exaggerate or diminish his needs and desires, though in each phase the motivation and degree differs. (Compare this analogy with the concept of the Initial Sensitizing Event = primary wounding, with the subsequent impact of the Symptom Intensifying Event, which cements the hypnotic blueprint). Crucial to this concept is that the younger the child, the more primitive the stage at which the primary wound is experienced, the greater the degree of exaggeration or diminishment. Therefore a child wounded at the Attachment stage will be far more volatile - or passive - than a child whose injury takes place at the later stage of Identity or Concern.

Thus the later the developmental stage where the primary wounding (or Initial Sensitizing Event, 2.7.3.1) occurred, the more the couple or individual will be able to address and resolve relationship conflicts and consequently, the healthier the couple or the individual may appear. For example, a couple or individual with wounding at the Attachment stage (albeit with complementary adaptations), will be dealing with one-year-old issues at the level of emotional and communication immaturity consistent with this phase of development. In comparison, another person or couple wounded at the six-year-old stage of Competence will be more functional in their communication with one another, more contained and civil to their partner. In most couples, this complementarity manifests relatively to one another; the more wild the one, the more restrained the other.

Typically, women tend toward an exaggerated response, while men tend to diminish; women frequently are talkative and emotional, whereas men often speak and behave in a quiet and over-controlled manner. The point is stressed, however, that not all women are Maximisers, nor are all men Minimisers, although the measured statistics do indeed support this gender differentiation. (source). The roles of Minimiser and Maximiser may be ascribed as a function of socialization, relating to the way the different genders are entrained to express themselves within a specific culture. In most Western cultures, which values people who are rational, restrained, and self-contained, the Minimiser who has buried his feelings and needs looks good, and is perceived as

being more socially acceptable. The exaggerated, emotional, out-of-control Maximiser looks bad, but he is in fact better off. Although his or her behaviour might be objectionable, and it may not achieve the desired results, he is still in contact with, and able to express, his feelings and desires. The Minimiser occasionally thrives better in the world, but he is so divorced and suppressed from his emotions that he has lost awareness of his needs. A prerequisite to solving his problems is becoming conscious of his feelings.

**The Minimiser exhibits the following behaviour in the following stages** (Hendrix, 1997:309):

- avoidant or schizoid behaviour in the Attachment stage,
- distancing or narcissistic behaviour in the differentiation or Exploration stage,
- obsessive/compulsive or rigid behaviour in the Identity stage, and
- Competitive or aggressive behaviour in the Competence stage.
- At the Concern stage he tends to be a loner or a compulsive caretaker, and
- At the Intimacy stage he is usually a rebel or a conformist.

**The Maximiser exhibits:**

- clinging or symbiotic behaviour in the Attachment stage,
- fusion or borderline behaviour in the Exploration stage,
- diffuse/submissive or hysteric behaviour in the Identity stage,
- manipulative or passive-aggressive behaviour in the Competence stage,
- gregarious or compulsive care-taking behaviour at the Concern stage,
- adaptive or conformist behaviour at the Intimacy stage of adolescence.

Taking into account the complementarity of role adaptation in partner choice, as well as all significant relationships whether they are in the context of the work, familial or community structure, the following issues are brought into sharp focus by the researched couples and individuals who have arrested at specific stages of development.

- **Attachment Phase:** Avoider (schizoid)/Clinger (symbiotic) couple dealing with Attachment issues,
- **Exploration Phase:** Isolator (narcissistic)/Fuser (borderline) couple dealing with issues of differentiation,

- **Identity Phase:** Rigid (obsessive/compulsive)/Diffuse (hysteric) couple dealing with issues of individuation,
- **Competence / Concern Phase:** Competitive (aggressive)/Compromiser (passive-aggressive) couple dealing with issues of competence and power, the Loner (under involved)/Caretaker (over involved) dealing with issues of caring, and
- **Intimacy Phase:** Rebel (aggressive)/Conformist (passive-aggressive) couple dealing with the issues of intimacy and responsibility.

An added component of the Minimiser/Maximiser reaction to pressures in the environment is awareness of personal boundaries, i.e., whether boundaries are inflexible or fluctuating, understanding where the individual's boundary stops and the other partner's begin. Establishing proper personal boundaries is a crucial task at every stage of development, but it is particularly critical at the Identity stage, when the task is to establish a clear sense of self (Hendrix, 1997:72):

- The Maximiser has minimal internal and external boundaries: he has difficulty separating his own thoughts, desires, and opinions from those of others. Compliant and impressionable, he acts invasively, and is easily intruded upon.
- The Minimiser has unyielding, rigid boundaries, and relates everything to himself; and he is unable to empathise. He acts evasively.

The following graph depicts the differentiation between the behaviour of the Minimiser and Maximiser (Hendrix, 1997):

**TABLE 3.1: TABLE REPRESENTING THE DIFFERENTIATION BETWEEN THE BEHAVIOUR OF THE MINIMISER AND MAXIMISER**

<i>Minimiser</i>	<i>Maximiser</i>
Implodes feelings inward	Explodes feelings outward
Diminishes affect	Exaggerates affect
Denies dependency (counter-dependent)	Tends to depend on others
Generally denies needs	Generally exaggerates needs
Shares little of his inner world	Is compulsively open; subjective
Tends to exclude others from his psychic space	Tends to be overly inclusive of others in psychic space
Withholds feelings, thoughts, behaviours	Tends toward clinging and excessive generosity
Has rigid self-boundaries	Has diffuse self-boundaries
Inner-directed; takes direction mainly from himself	Outer-directed; generally asks for direction from others, distrusts own directions
Mainly thinks about himself	Focuses on others
Acts and thinks compulsively	Acts impulsively
Tries to dominate others	Usually submissive, manipulative
Tends to be passive-aggressive	Alternates between aggressiveness and passivity

After intensive case study and discussion with other therapists, the researcher has noted the fluidity with which Minimisers and Maximisers, are able to reverse and reflect that role when mirrored in a relationship with their opposite.

One person could manifest both minimising and maximizing behaviour patterns, and this duality is attributed to the opposite and dynamic forces within the individual in the formation of ego states or opposing parts. Thus, for example, a wife was raised by an angry and violent father during childhood, and denied any appropriate expression of her own anger, could end up suppressing her emotions, only to marry an angry husband in later life. Although she will deny it, her behaviour becomes passive aggressive herself, which triggers her husband's anger. The thing that she is most afraid of on a conscious level, in this example anger, is the very emotion she will recreate on a subconscious level, thus re-enacting the subconscious blueprint.

### 3.3 ATTACHMENT: THE STRUGGLE TO EXIST

#### 3.3.1 DESCRIPTION OF THE ATTACHMENT STAGE

According to Neven, R. S., Anderson, V. and Godber, T. (2002:81), the famous paediatrician and child and adult analyst, D.W. Winnicott (1965b), made the point that 'there is no such thing as a baby'. The personality of the infant develops within a context or within the framework of social embedding, existing within a relationship with the mother, father, family and significant others. Thus, the child would thus most often inherit the developmental stage that his parents are stuck at. This kind of social and emotional entrenchment suggests that the beginning of relational emotional life actually takes place prior to the baby being born, even in utero or conception. The baby is 'held in mind' by both parents for nine months or longer through their ideas, thoughts, fantasies and worries about him or her. The term that Winnicott has used for this process is *maternal reverie*.

Winnicott (Neven et al, 2002:82) states that 'the baby looks at the mother and sees himself'. Infants create a picture of themselves and how they are experienced by scrutinizing their mother's face and expressions and responding either to the joy and delight in them or to her depressed or inverted gaze, or even to her anger, irrespective of her inability to understand what effects these behaviours produce physically or emotionally.

Hendrix (1997:63) makes the point that birth is a distressing experience: "*Birth is, to put it mildly, a rude awakening. Noise, pain, bright light, heat and cold, separation from the warm, safe womb. No wonder newborns yowl. For a while, the baby remains in a semi-autistic state, half-aware of the change in his environment, intermittently responsive to his new surroundings, as though caught between sleep and waking. If the journey to birth and expulsion was relatively smooth, he exists in his original, primordial state of total relaxation and pleasure. The fabric of existence remains seamless and unbroken*".

But life in the womb is not always serene; some children arrive on earth already wounded by their mother's prenatal depression, alcoholism, and drug abuse, drugged births and other physical and psychological problems. Such natal wounding may explain some features of temperament, character disorders, and autism.

The baby is aware that things have changed, that a separation has occurred from the feeling of connectedness it supposedly had in the womb prior to being born, where all physical needs and demands were automatically fulfilled, to the sudden change and overwhelming sensations of being on its own and cut off from maternal support. ***“All lines of supply have been cut off, and the infant emits his first signal of distress about this condition and begins a rooting, grasping search for contact. Finding the mother and succeeding in getting the nipple in his mouth, the alarm subsides and the original relaxed state is restored. The first and most important task of a human being has begun: Attachment.”*** (Hendrix, 1997:63-64). In the first moments of life, the baby attempts to reconnect to the mother from whom he was separated. Hendrix (1997:64) emphasizes that: ***“When the newborn utters his first cry and reaches for the mother’s warmth and the nipple, the psychosocial journey is activated. The infant has a vital agenda - to close that gulf of separation that opened up so threateningly at birth, and securely reattach himself to the nurturing, protective source of his survival. He is responding to his internal mandate to exist.”***

All new parents will agree that the demands of a newborn baby are relentless and continuous. The infant relies on its caregivers for food and nappy changes, as well as physical contact and comfort in a serene environment, 24 hours a day, 7 days a week. As long as the needs for attachment are met, the infant appears content. If all goes well, *“the baby re-establishes his sense that the world is safe, that he is in no danger in this strange land.”* Hendrix (1997:64). However, in spite of the best efforts of his parents, it becomes apparent to the baby that he is a separate creature, and he is introduced to the difference between pleasure and pain. The flawless fabric of existence is disturbed, and this disturbance causes subconscious trauma.

From John Bowlby’s research (in Neven et al, 2002:83), he concluded that attachment is as much a prerequisite for emotional survival and health as food and shelter is for physical survival. Bowlby saw attachment as deriving not so much from the feeding relationship itself, but from the physical closeness that allows for the development of love and intimacy between the mother and the baby. Early attachment relationships thus serve to construct a ‘psychological map of the world’ for the developing child.

According to Luquet (1996:68), it would be erroneous to assume that the infant’s only need is for food. For babies to survive, they require physical and emotional contact; and a reliable source of love and comfort. In the study conducted by therapist Harry Harlow, newborn infant monkeys were

placed in the presence of two substitute mothers, one constructed of wire, the other of soft terry cloth. In spite of the wire mother being the only one able to dispense food, the infant monkeys became more attached to the terry-cloth "mother", cuddling up with her, running to her when they were frightened. The conclusion the Harlows came to, expressed eloquently by Bromhall (2004:138-139) is, yes, primate babies need food, but primarily they crave warmth and comfort or attachment.

This desire to "get attached" remains the infant's primary agenda for about the first eighteen months of life. If the infant's need to attach is met, he concludes that, although he is a separate being, he is in a safe world with the ability to negotiate for his needs. Hendrix (1997:64-65) refers to this critical step as being "**securely attached**". He continues: *"The sense of security established at this stage sets the tone of the rest of our journey through life. It is the foundation of our response to life's perils and pleasures."*

Bromhall (2004:137) posits that: *"Of all the relationships that exist in nature, none is as powerful as that between a baby and his mother. Infantile attachment reigns supreme among the animal kingdom's most powerful bonds. From the moment the mammal is born, it is essential that it develops an obsessive attachment to its mother's voice, as well as her scent, body and face. To an infant, the mother is its main and possibly its only source of pleasure, protection and comfort."* **Janov (1993:10) states that unfulfilled needs of the parent will be transferred to the child. If the parent is stuck in the attachment stage, the child will also get stuck there. It is virtually impossible to fulfil a child's emotional needs when the child is not wanted. When needs are not fulfilled the child suffers, not just for the moment, but for the rest of his life.**

*"There is a timetable of need; certain needs can only be fulfilled at that time and no other. A newborn needs immediate closeness to his mother right after birth. Those first hours are critical. If this doesn't happen there will be pain forever after. And nothing the child or adult does later can undo that deprivation"* (Janov, 1993:11). But what if the child is unable to attach with its caregiver securely during this critical eighteen month period? Janov (1993:12) tells us that the infant's need for attachment is neither conceptual nor metaphorical, but a basic biological reality which originates at cellular level, including the nerve cells of the brain.

When the caregiver is either physically or emotionally detached or absent, during this all-important first development stage, then the primal desire for attachment is not fulfilled. The inability of the

parent or caregiver to fulfil the needs of the infant are transferred to the child. When needs are not met, the force of these unmet infant needs is gigantic; with the hurt created becoming lodged within the immaturely-developed emotional psyche of the child. The lack of fulfilment becomes a reality, anchoring the traumatic event and establishing the basis for the child's hypnotic blueprint.

Hendrix (1997:65) is of the opinion that about 50%-66% of the population complete their attachment phase successfully by becoming connected securely. For these children, although mom and dad may not have been the best parents, their good intentions were enough to establish a secure bonding process. Winnicott (2002:17) declares: *"The mother has one kind of identification with the baby, a highly sophisticated one, in that she feels very much identified with the baby, but of course she remains adult. The baby, on the other hand, has an identity with the mother in the quiet moments of her contact which is not so much an achievement of the baby as of the relationship which the mother makes possible. From the baby's point of view there is nothing else but the baby, and therefore the mother is at first part of the baby."*

### **3.3.2 DEVELOPMENT OF SURVIVAL STRATEGIES IN RESPONSE TO DEFICIT NURTURING**

The estimate is disturbing: If only 50 - 66% of the population are successful in becoming securely attached during the first eighteen months, what about those children whose parents were "not good enough"? What about those children who were physically and emotionally deprived of enough emotional handling, enough warmth and food, enough consistency, for secure attachment to take place? We would like to think that we're simply discussing self-centred parents who left too early or emotionally-detached parents who are unable to bond emotionally with their newborn infant, but the demands of modern life increasingly inflict detachment and separation on young families: mothers returning to work during the first few months of work because of financial pressures, post-natal depression, personal problems, family crisis and death, illness all have the potential to interrupt the attachment and bonding process, and thereby create an environment where the infant has no consistent response to his or her desires. Estimates propose that 33%-50% of all children fall into this category. In the research conducted by Ainsworth, these children are described as being *"insecurely"* or *"anxiously"* attached (Hendrix 1997:65).

And it is at this level that maladaptive coping mechanisms originate in the Attachment development stage. Hendrix (1997:65) describes this breakdown between needs and fulfilment aptly: *"Infants*

*yearn for that essential state of relaxed joy that they have lost, and they try to restore it by adapting as best they can to their inadequate nurturing. In response to the caretaker's nurturing effectiveness, the infant creates an internal image of the caretaker, which I call the Imago, and a self-image, which includes his view of himself in the context of his situation or "world". This internal image of his inner and outer world, often split between "good" and "bad" traits of self and other, then influences the child's behaviour, in turn, toward the parents, and determines which coping mechanism he will develop". This is the origin of the opposing ego-states.*

The researcher is of the opinion that core pain manifests during the feelings of rejection in the attachment phase; the pain experienced when we feel unloved or unwanted is real. When emotional needs go unfulfilled, very real physical sensations of profound bodily discomfort, anxiety, depression, headaches, stomach aches, and unfocused anxiety and fear can be created. Lack of fulfilment threatens survival, and the physical pain is primarily a notice of this threat, an awareness of what is missing. When the needs of a child for love and affection, touching and safety remain unmet, pain signals the system to mobilize and take protective action. The child is driven to seek fulfilment of unmet needs in alternative ways, but if his needs are continuously deprived, repressive forces begin to stifle the need (Janov 1993:79).

Need deprivation constitutes a threat to the integrity of the system. It is transformed into pain because it is pain that alerts us to the threat this deprivation process. It guides us to get what we need; the power of the pain is equivalent to the intensity of the need. If you are unable to receive the love you need, part of you is lost to yourself. Subsequently, we learn to substitute one need fulfilment for another, seeking symbolic or substitute gratification. Repression is an automatic response to the pain of emotional deprivation. The child learns to repress the unmet need, only for it to resurface later in life as a repetitive pattern.

Janov (1993:18) confirms that the threat from not being held and soothed early on sets in motion a complex series of chemical processes. The end result of these processes is a shutdown of that very threat. Awareness of need ceases. Instead, the person learns to substitute gratifications representing substitute wants. Tranquilizers, cigarettes, or food do what touch should have done – relax us and make us feel loved. Children need touch for proper development. If they do not receive it, their development is slowed and growth is retarded.

### 3.3.3 THE FEAR OF ABANDONMENT CREATING THE CLINGING CHILD

One manifestation of insufficient nurturing during the Attachment stage is the clinging child. If the parent is inconsistent in her response to the child, emotionally warm at times, but emotionally cold or physically absent at other times, her child may develop a compulsive clinging response, according to Hendrix (1997:66). Such caretakers are unpredictable; they may be preoccupied with their own hectic life schedules, busy with other work or family demands. They may be self-centred, angry or depressed, with fluctuating moods. They give attention to the child, but, either due to their emotional inaccessibility or the demands of a pressured lifestyle, and unable to respond consistently when he cries or fusses for attention. The child's needs are a burden to this parent. As the child is powerless to establish a basic trust that his caregiver will meet his basic needs, the child senses that only his incessant demands will keep him alive.

This leads the child to conclude that, as his parents nurture him unreliably or inconsistently, he is therefore in danger. The infant makes a **decision that, if I try harder, or long enough, or respond in a certain way everything will work out.** *"Thus is established the pattern of stress, inconsistent response, exaggeration, and doubt that creates an anxious child. A clinging child has a highly ambivalent relationship to his mother. Tormented by her unpredictable availability, he is simultaneously addicted to getting her attention and finding a way to get her to respond; at the same time he is angry that his needs aren't being met".* (Hendrix, 1997:66)

This child develops ambivalence towards the mother, attempting at times to hold on to his unpredictable mother by crying and clutching, and at other times rejecting her, pushing his mother away, even if she is being affectionate. *"The infant is in a dilemma because the object of pain and pleasure is the same. The first layer of his Imago now includes good and bad elements, thus laying the foundation for a split image of the caretaker. He is experiencing rage, terror, and grief, alternating with unpredictable satisfaction. Because he cannot live in an inconsistently supportive environment and tolerate for long the consequent negative feelings its insecurity stimulates, he develops an ambivalent defensive structure, alternately clinging and pushing away, to ward off these incapacitating feelings. Experiencing some of his needs satisfied and others frustrated, he begins to develop an ambivalent (good/bad) attitude toward himself".* (Hendrix, 1997:66)

### 3.3.4 MANIFESTING AS A CLINGER IN ADULTHOOD

When a child experiences a developmental arrest in the Attachment stage, his survival mechanisms or adaptations become cemented in his character and manifest in adult life as his basic personality. He becomes a *“Clinger”*. Although this person has learnt to conceal his needs behind an outer façade, the needs of the infant he once was are still present, still exist, and still demand to be acknowledged and fulfilled. It is this subconscious blueprint of an unfulfilled need to connect which, when combined with his learned protections, will influence his choice of a partner, his expectations of that partner, and the way he will relate in an attempt to get his needs met, the researcher argues.

The researcher proposes that this phenomenon does not limit itself to our relationships, but to our complete lives. Everything we do and the way we see and relate to life is influenced by the level of our arrest in one of the key developmental phases. The core complaint of the Clinger in his relationships will be: *“You are never there for me”*, and in life: *“Nobody is ever there for me”*. As the child matures and grows, she struggles with a constant feeling of being rejected, not having friends or having unreliable friends, being all alone, unable to rely on anybody. For **Adult Clingers**, this is not only evident in their close relationships, but in the whole way they see, interpret and manifest life.

### 3.3.5 THE FEAR OF REJECTION CREATING THE DETACHED CHILD

On the other extreme of the pendulum is the detached child. Their caretakers are emotionally distant and provide inconsistent physical availability. Unlike the previous caregivers, (3.3.4), for whom the child's needs are a burden, the Detacher's caregivers communicate that the child itself is a burden. The detached child fears the connection he so desperately needs because all his attempts to attach result in emotional pain. Different to the clinger, for whom not having contact is frightening, the detacher associates contact with emotional coldness and pain and therefore learns to avoid it. Consequently, his survival mechanism is to avoid his mother because she is either absent or, alternatively, routinely depressed, dispassionate and emotionally aloof.

She may have rejected the child emotionally for a variety of reasons; perhaps she is frightened by the responsibility, or even arrested by her personal problems. Hendrix (1997:68) pertinently elucidates the formation of the subconscious conclusion or decision:

*“Because contact results not in the pleasure of acceptance or satisfaction of needs but in emotional pain, the infant makes a fateful decision: avoid contact at all costs. **“I am bad, the object (the caretaker) is bad, my needs are bad”**, he reasons, thus etching on the template of his Imago the impression of the caretaker as bad, and on the other side, **where the image of the self is recorded, an impression of the-self-having-needs as bad**. This reasoning leads to a primitive but effective defence: **“I don’t have needs”**. His caretaker has rejected him, so he rejects the caretaker, and finally he rejects his life force. He doesn’t cry; he seems content to be fed whenever food arrives; he doesn’t seem to care one way or another whether he is held or talked to. But while the needs are banished from consciousness, the old brain remains in a constant state of alarm, because the denied needs are essential for survival. To muffle the alarm, the detached child numbs his body and voids his feelings, vastly constricting - minimizing - his life energy. **To contain it totally, he constructs a false self, which looks independent, but is actually counter-dependent. The world admires his independence, but he lives virtually alone in his fortress, determined to avoid the pain of being vulnerable to rejection.**”*

The work of Hendrix in this paradigm can be correlated to the research by Ainsworth (in Neven et al, 2002:83-84), which compares the behaviour with one another on different stimuli or the avoidant or detached child, the “healthy” or “normal” child, and the clinging child behaviour. Ainsworth et al (1978 in Neven et al, 2002:83-84) cites situational testing conducted with infants between the ages of twelve and eighteen months. In this test, baby and mother are observed together to establish their normal patterns of interaction. The mother is then asked to leave the room and the baby spends a short period of time alone, with his responses to being ‘left alone’ being noted by the observer. When the mother returns to the room, the quality and type of interaction between mother and baby is observed. Although different categories of attachment are described that most clearly fit the quality of the infant and parent interaction upon reunion, Ainsworth and her colleagues came to identify three main categories of attachment after research carried out across a spectrum of different cultures, namely secure attachment, anxious-resistant attachment, and anxious-avoidant attachment. The responses of the babies are described as follows:

- With **detached/avoidant children** it was observed that when the caretaker enters a room where her child is playing, the child consistently fails to make eye contact with the parent and never runs to the parent for comfort, even under stress. When the mother leaves the room, the detached child continues what he is doing unperturbed, as if he was not aware of the mother’s absence or did not need reassurance, and he appears unaware when the caretaker leaves the

room. The child appears independent and self-sufficient but, although they give the appearance of coping well and being secure, the behaviour is actually "avoidant", designed to protect the child from the negative feelings of denunciation aroused by the coldness of the caretaker when present, and by his or her recurrent tangible absence.

- In comparison, the **healthy child** will become aware of her entrance and appear glad to see her and, if he is not too occupied, will discontinue his playing and go to her within a short time.
- The **clinging child**, dissimilar to the others, frequently breaks into tears and flees to his mother's arms to be consoled.

Detached children are often characterised by not crying very much and they seem to have limited needs; they take whatever they are given and do not express their needs. The mother is often proud of her "good" baby, considering that she finds dependence repulsive and awkward. The detached infant, motivated by fear of contact, is expressing his survival mechanism, *"I don't really need you to get by, and I'm perfectly capable of taking care of myself"*. In reality the child has in despair and powerlessness given up having needs.

### 3.3.6 MANIFESTATION AS AN AVOIDER IN ADULTHOOD

Similarly to the compulsively dependent child, if these survival mechanisms which manifest as patterns are not rectified in later childhood or adolescence, they will re-enact in adult intimate relationships, and in all areas of their lives. The typical polar representation manifests as the Minimiser-Maximiser attraction between the Avoider and Clinger. In their close personal relationships, Avoiders tend to link up with Clingers, for unsurprising and understandable reasons. Although Avoiders pretend to have no needs, in reality they merely capitulated on getting their needs met long ago and in the process lost the link with their desires.

Hendrix (1997:69) describes the process as: *"Large chunks of themselves are buried, especially their sensitive, feeling side and their capacity for emotional joy and body pleasure. **Their hidden needs for contact influence their selection of partners with excessive contact needs, which provides Avoiders with the contact they consciously deny they want. Consequently, they never have to approach their partners, because the partner's intense needs to be in contact fulfils the Avoiders' denied needs to be in contact. But contact is still painful. The Clinger's need for closeness both attracted the Avoider, and simultaneously made him feel desperate to escape.**"*

### 3.3.7 UNDERSTANDING THE DANCE BETWEEN THE CLINGER AND THE AVOIDER

This need to connect in a reliable, dependable relationship never disappears, but what is indicative is that the degree of need and the depth of desired closeness and intimacy with a partner correlates directly with the degree to which it was denied in infancy. For the Avoider, the need for attachment is a covert thirst; for the Clinger, it is a persistent demand. The needy Clinger and the detached Avoider have found a way to compensate for the untrustworthiness of their caretakers by recreating the pattern of their childhood through selecting one another. In the process however, they merely reinforce their hypnotic blueprint by setting a powerful lifelong pattern in motion. In this relationship, their experience of childhood is frequently re-enacted, resulting in this behaviour becoming part of their personality structure permanently - the adults recreate the macabre dance or pattern of clinging and distancing, replaying their frozen childhood experiences.

Hendrix (1997:69) states that the chance of correction of the patterns is 'highly unlikely, since the caretakers are stuck themselves and have usually not evolved.' The researcher feels obliged to raise two points of dispute with Hendrix:

- The researcher differs with the possibility of pattern change ("highly unlikely") suggested by Hendrix. In his practice he has observed that, in spite of intensive intervention, the developmentally-stuck stage presents as semi-permanent and only shifts after years of intensive effort to the next level. This assessment has been confirmed in conversations with Hedy Schleiffer, a long-term Imago therapist and international Imago trainer.
- The second point of contention is the seemingly undeviating concept of either / or, the avoidant versus dependant typology, provided by Hendrix. In the experience of the researcher, where a person is developmentally-arrested in a stage, he or she could present as either a Maximiser or Minimiser, depending on the situation. In a case explored in his practice where the patient is stuck in the Attachment stage, she presents as both a clinger and avoider, to such an extent that she has been diagnosed on the DSM IV TR as Borderline Personality Disorder.

In support of the previous point of it being virtually impossible to change the subconscious patterns, in spite of the parent having a change of heart. In the case presented, her mother realised when her daughter was 14 years of age that her (the mother's) previous rejection of her daughter was wrong, and she told her daughter that and went out of her way to correct her perceived wrongs. However, as an adult, her daughter is still stuck in the subconscious pattern of: **"if there is nobody there for me, then I don't need them."** Janov explains that it will serve no purpose for a

parent to apologize later for the deprivation visited upon a child. The hurt is a constant and can never be erased by a request to be pardoned. Need is not erased with an apology. The force of the unmet childhood needs are gigantic, the hurt is lodged in the storage tank. A self-centred parent who leaves a child early in his life cannot be forgiven, no matter how much both desire it later on. The lack of fulfilment is a reality (Janov, 1993:11).

### 3.3.8 SUMMATION OF THE ATTACHMENT STAGE

AGE: 0 – 18 MONTHS

CORE NEED: NEED TO RE-ATTACH TO ANOTHER

**TABLE 3.2: TABLE REPRESENTING THE BEHAVIOUR OF THE MINIMISER AND MAXIMISER OF THE ATTACHMENT STAGE**

	MINIMIZER	MAXIMIZER
Response of caregiver Deficient care giving	Caretaker emotionally cold and provides inconsistent physical availability. Emotionally depressed or dispassionate and aloof. The child itself is a burden.	Caretaker inconsistent. Emotionally warm at times, emotionally cold or absent at other times. Such caretakers are unpredictable; they may be preoccupied with their own hectic life-schedules, busy with other work or family demands. They may be self-centered, angry, or depressed, with fluctuating moods. They give attention to the child, but not when he cries or fusses for attention. The child's needs are a burden to his parent. As the child is powerless to establish a basic trust that his caregiver will meet his basic needs, the child senses that only his incessant demands will keep him alive.
Creation of pattern Subconscious conclusion	"My Mommy does not provide for my needs, does not care for me, and does not love me."	"My Mommy is there for me inconsistently." The child concludes that his parents nurture him unreliably or inconsistently, therefore his brain signals that he is in danger.
Subconscious decision	"(and I therefore decide) to avoid her. If she does not love me, I do not deserve love. I deny myself. If I have	"(and I therefore decide) to hang on for dear life every time she gets close, not to let go. I must try harder." The

	<p>no needs, nobody can hurt me."</p>	<p>infant makes a decision that, "If I try harder, or long enough, or respond in a certain way everything will work out." Thus is established the pattern of stress, inconsistent response, exaggeration, and doubt that creates an anxious child. Tormented by his mother's unpredictable availability, he is simultaneously addicted to getting her attention and finding a way to get her to respond; at the same time he is angry that his needs aren't being met.</p>
<p>Manifestation in childhood</p>	<p>Becomes a detached child, independent, avoids contact. Detached children are characterised by not crying very much, and they seem to have limited needs; they take whatever they are given and do not express their needs. The mother is often proud of her "good" baby, in view of the fact that she finds dependence repulsive and awkward. The detached infant, motivated by fear of contact, is expressing his survival mechanism, "I don't really need you to get by, and I'm perfectly capable of taking care of myself." In reality the child has given up having needs in despair and powerlessness.</p>	<p>Becomes a clingy child. He develops ambivalence towards the mother, attempting to hold on to his unpredictable mother by crying and clutching on, and other times rejecting her, pushing his mother away, even if she is being affectionate. Experiencing some of his needs satisfied and others frustrated, he begins to develop an ambivalent (good/bad) attitude toward himself.</p>
<p><b>Manifestation in life Response</b></p>	<p>Becomes an avoider. I don't need you to get by; I'm perfectly capable of taking care of myself.</p>	<p>Becomes a clinger. The person conceals himself behind a fictitious self, his unmet infantile need to connect are still present and quite exaggerated; combined with his learned protections, will influence his choice of a partner, his expectations of that partner, and the way he will relate in an attempt to get</p>

		his needs met. They would have this feeling of being rejected, not having friends, being all alone, unable to rely on anybody. Not only will this be evident in their close relationships, but in the whole way they see and interpret life.
<b>Belief about life, people</b>	I will be hurt if I initiate contact.	I am safe if I hold on to you.
<b>Relationship with life</b>	Detached, avoidant, withdrawn, cold.	Demanding, all consuming, theatrical.
<b>Ego state formation</b>	Presents an ego state of false self to the world, that he/she has no needs. Suppresses ego stage that is needy, fearful of not being loved.	Presents an ego state to the world that is demanding of needs being met. "I need you to be there for me." Suppresses ego state that feels involved.
<b>Core life complaint and response pattern</b>	"There is nobody here for me and I do not need them."	"There is nobody here for me, but if anybody comes close, I am going to latch on forever."
<b>Life pattern</b>	Has an ever present sense that he/she is all alone in his/her own world, nobody is there for him/her, but that is the way he/she wants it. "If people get close, I push them away." Will attract needy people mirroring their life pattern/ego state with his/her repressed needs. The child learns to hide their sensitive, feeling side and their capacity for emotional joy and body pleasure. Their hidden needs for contact influence their selection of partners with excessive contact needs, which provides Avoiders with the contact they consciously deny they want. Consequently, they never have to approach their partners, because the partner's intense needs to be in contact fulfils the Avoider's denied needs to be in contact. But contact is still painful. The Clinger's need for closeness	Has a sense that he is alone in the world; there is nobody there for me. Responds by, "If people get close, I will hold on and not let them go as if my life depends on it."

	both attracted the Avoider, and simultaneously smothers him, making him desperate to escape.	
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Please read Case Study 5.1 (LS) (Paragraph 5.2) in conjunction with the literature study on Attachment.

### **3.4 EXPLORATION: LOVE AFFAIR WITH THE WORLD**

#### **3.4.1 DESCRIPTION OF THE EXPLORATION STAGE**

Once the infant has survived the critical 18 month Attachment Phase successfully, becoming secure and confident that his needs are fulfilled adequately, he starts to become enthusiastic about investigating the world around him. In this stage of exploration, which occurs from about 18 - 36 months, the toddler begins to explore his own space, leaving his mother's side for longer and longer periods at a time to discover and investigate, in the knowledge and confidence that, when he returns, she will still be there, and he will continue to be secure and loved. Paradoxically, the goal of successful attachment is the ability to be separate.

This stage is usually referred to as Separation and Autonomy, because it has long been believed that the child's desire is to break away from his mother, and that his rebellious "no" is a sign that he wants to be on his own, free from her domination. Hendrix (1997:75), however, disagrees with this assertion, and argues that the child's drive is not to be autonomous or separate, but to explore the world. In the process of exploration, he is differentiating from his caretaker, but not with the goal of attaining autonomy. On the contrary, he is divided between his need and fascination to discover the world, and his need for support and his mother's sustained accessibility. He has a desire to explore, connected with a requirement to find everything stable and unchanged on his return. He is creating a distinction himself and the source of his nurturing, as opposed to disconnecting from it. He has a constant need to belong, and he will constantly confirm that his mother is in close proximity, or keep returning to assure himself that she has not vanished in his absence. It is evident that inadequate nurturing at the Attachment stage obstructs the ability of the child to explore with assurance.

We have long labelled this period of overwhelming desire within toddlers to explore their surroundings as the "terrible twos", describing their behaviour as rebellious as opposed to exploring. But, although he really does resist the constriction of the limits imposed on him and the expression of his curiosity, the toddler is not signalling his independence or autonomy. On the contrary, he requires frequent reconnecting. **The child requires the freedom to explore, but the need is to be able to return to a constant object of caregiving and safety.**

Hendrix (1997:75) states: *"At this point, the child is having a love affair with the world; everything is new and interesting. He is the hero setting forth on his journey. He sticks his fingers in the electric socket, eats the toothpaste, plays with his faeces, without judgment or inhibition. When the parent curtails his activities, the child's rebellion - the bane of the "terrible twos" - is not so much defiance as his frustration at being boundaried in his explorations. He becomes sneaky and duplicitous". He refuses to go to bed peaceably. He requires more experience and more fun, and is scared that he will miss something. **What presents as defiance is actually a compelling drive to explore and experiment, and he experiences frustration when that urge is blocked.**"*

James (2002:91) describes this stage aptly: *"In most cases the parental mission to 'civilize the beast in the nursery' does not begin in earnest until the second year. At ten months, 90 percent of what the average mother does with her infant is affectionate, playful and devoted to meeting his needs; rarely does she seek to scold or thwart. But very soon comes a big change. She is transformed from unconditional meeter of needs to agent of control, so that in the child's second year much of her energy is devoted to preventing the activities that he most enjoys, like exploring of bladder and bowel functions. Tantrums at being thwarted become commonplace and mothers issue a command or disapproval at least every two minutes at this age."*

What the child requires during the Exploration stage is the encouragement to explore within safe boundaries. The aware mother sets consistent direction and protective limits in place, but not random or contradictory restrictions. She is unthreatened by her child's newly-discovered self-confidence and his determination to move away from her, nor is she bothered by his seeming contrariness, acknowledging his emerging assertiveness as a prerequisite for his growth. Comprehending that he is slightly intimidated about wandering off, she ascertains that he knows that she will be there and will be happy to welcome him back on return from his adventures of discovery.

Hendrix (1997:76) summarises the needs of children in the Exploration stage in two sentences:

*““Don’t worry about me while I’m gone” (i.e., don’t restrict my explorations) and “Don’t make me worry about you” (i.e., be here when I get back). Children want to leave and come back to find their caretakers exactly where they left them - not off in the yard or the bathroom, and not lost in their own reveries. A two-year-old has few resources. If he comes back to where he left his Daddy and if Daddy has gone to the bathroom, he cries, and if Daddy doesn’t come back very soon, his distress becomes acute. The need to explore and return to things as we left them is the same whether we’re two or six or forty-six.”*

### 3.4.2 THE FEAR OF ABSORPTION CREATING THE DISTANCING CHILD

Janov (1993:9) refers to the needs of children, and unintentionally he accurately describes the Exploration stage, by saying a child needs freedom of movement: *“A child needs to be allowed to explore, to use his curiosity without being stopped at every turn of the way. Parents too often put children on a tight leash. Every move the child makes is controlled. Every avenue he explores is circumscribed. Children soon feel hedged in and, as a consequence, begin to hedge themselves in. They lose their natural, bounteous curiosity. They lose their enthusiasm and spontaneity. Parents who have had their spontaneity squeezed out of them have forgotten. The child who is shushed and reprimanded for her buoyancy time after time, will stop being emotional and spontaneous. Later on, she may have a very unhappy sex life when it is time to react.”*

And, as is evident with the various responses in the Attachment Phase so, too, when the Exploration phase is mismanaged, children tend either to distance themselves from their parents or to become ambivalent. Sometimes the parents can seem excessively over-protective, setting unrealistic limits on the child’s wanderings, calling him back the moment he disappears; or, if the mother constantly holds him on her lap, she physically prevents his passage into the world, stifling the child and his participation with the world around him. Consequently the child withdraws himself, becoming remote. This can occur with parents who are naturally concerned or unsure of themselves in their own space, although it generally transpires with the parent who feels abandoned herself and holds onto the child in an attempt to feel connected. In response to the mother seizing at the child as he attempts to move away, the distancing child will endeavour to maintain his distance from his mother, anxious that he will be immersed into the mother’s orbit.

Alternatively, Hendrix (1997:78) suggests that he might pretend to concede to the mother's needs, physically returning to her (because in fact he needs her) while cutting himself off emotionally. Because he still needs the reassurance of his caretaker's presence and is not ready at this stage to drift too far away, he plays at the most distant point of the room from the caretaker, or within earshot but at enough of a distance that he is out of her range of engulfment. He approaches the mother with a degree of wariness of her tendency toward restrictiveness. She represents both a good and bad object in his mind. At this age, he is unable to integrate her opposing traits so, similarly to the Clinger, he holds conflicting views of her: "bad" when she restricts him, and "good" when she allows him to roam in the process forming a divided or split image of the caretaker on the Imago template. As the child senses her rejection of his defiance, he begins to reject that aspect of himself. Petrified of losing his mother, the child makes a **subconscious conclusion to appear as though he is complying with her wishes externally, but rebelling against her restrictions internally, to protect himself from being controlled and absorbed.** This results in the emergence of the passive/aggressive syndrome. The characteristic form of the Minimizing response in the Exploration stage is demonstrated by the distancing child through the decision to reduce his affect to deflect his mother's overwhelming attentions. A typical example of this child's behaviour is allowing his mother to pick him up, but then avoiding her kiss by turning his face away. In an attempt to protect himself from being consumed, he subconsciously chooses to close his boundaries and make them unyielding.

Hendrix (1997:78) states that, superficially, there are similarities with the detached child of the Attachment stage, but there is one considerable differentiation. The detached child never approaches, or asks for his needs to be met. His experiences remain confidential, for he has concluded that contact is painful and to ask for help invites dismissal. The distancing child, in contrast, survived the Attachment stage effectively; however, it was only when he started to explore that he encountered opposition. His fear is not of contact, but of being absorbed or trapped within deliberate boundaries.

### **3.4.3 MANIFESTING IN ADULTHOOD AS AN ISOLATOR**

The distancing child becomes a distancing adult, referred to as an Isolator, isolating himself from his relationships physically and emotionally. He devises numerous methods to avoid spending time in his close relationship, whether it is due to work and sport obligations, commitments to clubs and charities, reading, television, gardening, hobbies and others. He relishes freedom of movement

but, when he detects that others have needs, he responds by withdrawing, petrified of enmeshment, for that was the survival mechanism that he adopted in childhood to protect him from the caretaker's needs, which restricted and distressed him.

From the moment he receives the warning signals of other's needs, he has an overwhelming need to flee the situation, and is only prevented from doing so by guilt, a desire to please, or fear of abandonment. If he senses enmeshment, he responds either with anger, or by withdrawing physically. On his return he ignores his partner's anger at his distance and isolating technique, and is perplexed by it. He attempts to cajole her into a good mood, and complains that she rejects him when he is emotionally available. Unable to change the atmosphere, he responds by withdrawing again. **His subconscious conclusion is thus that emotional enmeshment is dangerous and his subconscious decision is to avoid it.**

*"The Isolator needs his 'space' and feels threatened if demands are made for his presence, or his emotions. "You want too much," is the complaint, or "You're trying to control me," or "I need some space for myself." Although he has buried needs for closeness, he fears smothering, so he keeps them to himself, and maintains his distance through anger and strict limits on his availability" (Hendrix 1997:78).*

#### **3.4.4 THE FEAR OF LOSS CREATING THE AMBIVALENT CHILD**

The ambivalent child is the result of a caretaker who is eager to be free from the needs of the dependent child, encouraging him to explore and separate from her before he is ready. Alternatively, she is constantly not there when he returns, shattering his sense of security and damaging his newly-developing confidence in the world around him. Hendrix (1997:81) elaborates: *"She encourages him to go off on his exploratory journey before he is ready, or she is not there when he returns, shattering the bonding that maintained his original sense of wholeness through the Attachment stage. Her encouragement for him to separate may take the form of ignoring him or pushing him away, of trivializing his fears, of showing irritation at his attempts to be with her or hold her attention. "Be a big boy," she may say. "Go and play by yourself." She is urging him to grow up beyond his years, before he is ready. He may wander off, and have a good time, but when he returns his mother has disappeared, either physically or emotionally, and he panics. The un-emotional "bad" mother is etched on his Imago".*

This child responds by becoming anxious and dependent, afraid to leave her mother's side, needing continual reassurance that she will not have disappeared when she returns. *"Where were you? I couldn't find you"* is the common lament of the ambivalent child. She becomes a Maximiser, with diffuse boundaries. **Fearing abandonment, she decides subconsciously to exaggerate her affect with any tactic—tears, threats, stories, questions, anything to keep her mother's attention and guarantee that, if she explores, her mother will still be available if she needs her.** When the mother is available when she returns, or assures her that she will not go away, the caregiver becomes a "good" object in her mind, counteracting the abandoning mother whom she is terrified of losing (Hendrix, 1997:80-81).

### 3.4.5 MANIFESTING AS A PURSUER IN ADULTHOOD

The ambivalent child's behaviour pattern manifests in adulthood as the Pursuer, and shares similarities with the Clinger profile, including a deep fear of abandonment. Hendrix (1997:81) states that pursuers, however, accomplished the task of Attachment successfully, their aim is to remain attached, utilizing various ploys to keep her partner nearby. Whereas the Isolator fears being restrained, the Pursuer is terrified of moving too far from base, if she is able to leave at all. She remembers the panic of finding no caregiver there when she returned from exploring and investigating her surroundings, during the essential Exploration phase. To prevent this terror from returning, the Pursuer made a **subconscious decision to always be pleasant and cheerful, in an attempt to keep things safe and comfortable, always helpful, scared of anger or conflict that could have the consequence of the partner leaving. In the process she is recreating the childhood nightmare related to the neglectful or abandoning caretaker.** Terrified of being alone, or feeling abandoned, she always plans to do things together. The Pursuer neglects her own needs because she feels a compulsion to please her mate first.

### 3.4.6 UNDERSTANDING THE DANCE BETWEEN THE ISOLATOR AND THE PURSUER

It is obvious why Isolators and Pursuers tend to pair up; each possesses what the other lacks. Conflicting forces are in operation in every meaningful relationship. One partner needs more and the other less closeness, but when they get what they want, they become frightened by it and change their minds. The Isolator holds back his feelings; his fear is that if he opens up, then she will control him and overwhelm him with her need for closeness, that he will become suffocated and restricted in the relationship as he was all those years ago when he attempted to explore his world

around him. It's a valid concern. The Pursuer on the other hand feels that if she is not relentless in her pressure for contact, then her mate would isolate himself from her by putting all sorts of activities and boundaries in place to prevent her from getting to close to him. If she does not imitate and demand contact, then it simply would not happen. She feels abandoned and rejected; he feels swamped and overwhelmed.

### 3.4.7 SUMMATION OF THE EXPLORATION STAGE

AGE: 18 MONTHS – 3 YEARS APPROXIMATELY

CORE NEED: NEED TO LEAVE HIS/HER MOTHER'S SIDE and EXPLORE HIS/HER WORLD, OR BEGIN TO FUNCTION ON HIS/HER OWN WITH THE CONFIDENCE THAT HE/SHE CAN RETURN TO A SECURE and LOVING HOME BASE. ENCOURAGEMENT TO EXPLORE WITHIN SAFE BOUNDARIES.

**TABLE 3.3: TABLE REPRESENTING THE BEHAVIOUR OF THE MINIMISER AND MAXIMISER OF THE EXPLORATION STAGE**

	MINIMIZER	MAXIMIZER
<b>Response of caregiver Deficient caregiving</b>	Caretaker is excessively protective; setting unrealistic limits on the child, or prevents his/her passage into the world.	Mother pushes the child out exploring before he/she is ready, shattering the bonding of safety. She urges him/her to grow up prematurely, irritated by attempts to be with her or hold her attention.
<b>Creation of pattern Subconscious conclusion</b>	"My Mommy does not allow me to play by myself; I am being absorbed, stifled, trapped, and immersed."	"My Mommy pushes me away from her", "I am not ready to go on my own", "I am scared without her."
<b>Subconscious decision</b>	"(and therefore I decide) to pretend and comply with her wishes, but rebel by sneaking away from her, withdrawing from her."	"(and therefore I decide) to be afraid to leave my mother's side, and if I need emotional re-assurance, that need would make her disappear. To be happy so that my mother will want to be with me. To be a good child."
<b>Manifestation in childhood</b>	The distancing child sub-consciously chooses to close his/her boundaries and make them unyielding.	The ambivalent child fears abandonment and exaggerates her affect with any tactic to make sure her mother will be available.
<b>Manifestation in life</b>	"I need my space." Feels	The pursuer says, "I want

<b>Response</b>	threatened if demands are made on his presence or emotions. Needs freedom of movement.	closeness." Their aim is to remain attached. They try to always be pleasant and cheerful in an attempt to keep things safe and comfortable.
<b>Belief about life, people</b>	I can't say no and be loved. I will be absorbed if I get too close.	I cannot rely on anyone. Don't be independent. If I am independent, I will be abandoned.
<b>Ego-state formation</b>	Ego state 1: Externally comply with mother's wishes. Ego state 2: Internally rebelling against her restrictions, to protect him/herself from being controlled and absorbed. Results in passive aggressive behaviour.	Ego state 1: Fearing abandonment. Ego state 2: "Be a good, pleasant and cheerful child so that Mommy will want to be with me."
<b>Core life complaint and response pattern</b>	Feels that he does not get enough freedom and autonomy. Feels frustrated that others need too much. Manages it by becoming oppositional and distancing.	You are never there when I need you. Therefore, I will hold on and refuse to let you go. Will blame, demand, chase, complain and devalue.
<b>Life pattern</b>	Will attract people where he feels that they need too much and withdraw from their needs by becoming oppositional and distancing.	Will attract people where he plays a role of "you are never there when I need you. I cannot rely on anybody. I will try work harder for you to be there for me.

Please refer to paragraph 5.3 for Case Study 5.2 (FW), which will illustrate a patient stuck in the Exploration stage. It would be beneficial to read the case study in conjunction with the literature study on Exploration.

### 3.5 IDENTITY: BECOMING A SELF

*"Identity expresses such a mutual relation in that it connotes both a persistent sameness within oneself and a persistent sharing of some kind of essential character with others."*

*Erik Erikson (In Hendrix, 1997:82)*

*"If I am not I, who will be?"*

*Henry David Thoreau (In Boldt, 1997:59)*

*“Resolve to be thyself, and know that he who finds himself, loses his misery.”*

*Coventry Patmore (In Boldt, 1997:55)*

### 3.5.1 DESCRIPTION OF THE IDENTITY STAGE

The child feels lost and anxious when his caretakers are not physically present during the earlier stages of childhood. As a child of approximately **three to five years** of age, with his increased mobility and their more frequent absence, he still needs to feel secure. At this stage, the **child needs to establish his new reality, and embarks on the process of becoming a self. He wants to understand who he is as a separate person in relation to the rest of the world.** To realize that, he must achieve two important tasks that will affect his relationship to himself and to others for the rest of his life: *“he must develop a stable and consistent inner image of himself and a correspondingly firm and constant inner image of the significant others in his life.”* (Hendrix, 1997:84). This is achieved by installing an image of his caretakers in his mind with such clarity that he can evoke that image to feel secure and connected, even when he is separated from them. This gives the child the freedom to separate physically, while remaining connected psychically.

The Identity stage is often characterized by obsessive self-assertion, with the child continually saying “I,” “I want,” and “I think,” and “This is me,” and “I don’t like.” During the Identity stage, the child is separating his likes and dislikes from his parent’s likes and dislikes. As with the Exploration phase, this should not be seen as rebellion but, rather as healthy self-assertion. **The child desires to be visible, to be perceived and acknowledged as a separate entity; he wants to be sure that he is being noticed.** He expresses his personal opinion, trying to explain to the parent and the world, and to himself, how he is dissimilar from others.

The child creates a set image of himself in the stage of Identity or Individuation by making a series of transient identifications, trying out different identities - with animals, cartoon characters, things, and people (especially his parents) - which later manifest in a unique self. At this stage we see role-playing of different personas, as the child experiments with various characters, to see who he is, and who he is not, how similar he is to others and how different he is from others (Hendrix, 1997: 85). Today the four-year-old might be a character from The Incredibles; tomorrow, re-enacting and playing the mother’s role, or even assuming the identity of the new pet kitten recently brought into the home. *“The child at this stage is naturally self-centered, and wishes to establish a sense of personhood, power, and the ability to self-create and self-define. He is aware of himself as a*

*separate entity, and is now focused on power dynamics through exploration and development of his personal will" (Judith, 1996:41).*

This phase allows the child to test different personalities or selves, and reflect all the wide-ranging options of his developing self-image accurately and unconditionally. Through the validation from the parents, the child is able to see himself in their mirrored responses, select what feels congruent with his inner feelings, and construct a positive self-image, a firm identity. In addition, he will integrate the positive and negative traits of his parents, which allows him to heal and internalise the healing of earlier splits, and etch on the template of the Imago a picture of his significant self as imperfect but constant, thus assuring his emotional security.

The main parental task at this point is to detect and to authenticate the changes of persona as the child experiments with different identities and behaviours. If the child is only acknowledged partially in the identification he is testing, he will present other facets to observe if he gets a reaction. The goal is for the child to be encouraged to identify with everything and anything that he chooses, providing enough objects and people in his life to select from. This enables him to synthesize all the identifications into a unique, highly-individuated self.

Janov (1993:8) states that children learn instinctively what they need to get by in life. It is an automatic response. The child's identity gets formed by the needs of the parents. What the child needs from his parents is the knowledge that he is wanted, adored, and accepted for himself, to be understood as a person, and the honest recognition of his faults as well as his assets. Once genuine love and interest in the child as another human being is established, all interaction flows naturally. The child is allowed to express freely what is on his mind and be understood. He is encouraged to share his ideas about the world, his friends, school or whatever, and be respected rather than ignored. He needs to be listened to because he needs to express himself.

### **3.5.2 THE FEAR OF BEING SHAMED CREATING THE RIGID CHILD**

The child's boundaries are forcefully defined at the Identity stage. How the child is mirrored – or lack thereof – affects his sense of personal boundaries. The selectively-mirrored child is able to delineate where he ends and others begin. However, many caregivers do not welcome the *"birth of self"*, as they are threatened by the child's newly-formed identifications that do not fit their personal, religious and cultural biases; they restrain the child's emergent identity by rejecting or refusing to

mirror those self-assertions that do not fit their preconceived notions of what they want their child to be. This socialization process has a potentially devastating impact on the child becoming a self.

Surviving the Identity stage places our feet on a journey of self-awareness and integration and acceptance of what we are and the role we play in life. But things do 'go wrong' at this stage, and according to Hendrix, (1997:86), there are two possible manifestations to this; both are centered around the issue of invisibility. *"The child, fearing shame - or even worse, loss of the parents' love - if he expresses the core parts of himself that his parents reject, represses the rejected aspects and resentfully becomes what his parents approve. Rather than healing the polar experiencing of the preceding stages, now that his identity is consolidating, he ends up with a "split self," hiding the disapproved parts from others, and even from himself."* (Hendrix, 1997:87).

We begin to disown parts of ourselves because of our core beliefs, which are always tied to our families and early childhood. What our parents did or did not do had a great impact on our lives. The pain experienced when you were young is just beneath the surface of your consciousness (Ford, 1998:114).

Selective mirroring often relates to gender; boys are admired and encouraged to be assertive and tough, and girls for their compliance, sweetness and helpfulness. Consequently, **the child, longing to be whole, develops a false self by firstly displaying, and then by only identifying with parentally-or-socially-approved traits. In the process, he restricts himself to become merely a partial self, a tightly-contained monochromatic persona, a replication of socially-approved stereotypes, typically overassertive, with dogmatic opinions.** His energy is limited to the 'positively' mirrored traits, and the rejected qualities become his recessive "Lost Self", an aspect of his "shadow." *"This compromise salvages his parents' love at the expense of his full aliveness"* (Hendrix, 1997:87).

The child requires inclusive and positive mirroring to intuit that all aspects of himself - whether he is being tender or assertive, silly or smart — is valid and acceptable. By refusing to mirror or acknowledge the child's emerging identity, or transient experimentation with a new trait, the child can end up no longer feeling confident of his identity. The child would have a terrifying suspicion that he is being ridiculed, resulting in shame and a fear that *"I am not all right,"* or *"There is something wrong with me"* is activated. To protect himself from shame, he splits off the parts of him that were judged as deficient and offensive. In the future he would perceive himself as good

and evil, creating opposing ego states, repressing the lost self as bad, extolling the good part of himself as complete (Hendrix, 1997:87).

Janov (1993:xviii) mentions that Primal Pains arise when the child is shaken for a brief and forgotten moment by **the understanding that he cannot be what he is and be loved**, for that moment and for other moments of equally immense hopelessness. He then struggles with all of his heart to be what his parents want him to be. He puts away the pain, or rather it is automatically put away from him by our miraculous system of repression. Thesenga (1994) elaborates this point further, by reminding us that we recoil instinctively from the negative side of life's inevitable dualities. We retreat from the pains and disappointments of our childhood, concluding that certain parts of ourselves and/or certain kinds of feelings are unacceptable, thereby denying parts of our experience and limiting our idea of who we are and what we can handle.

Miller (1997:71) states that: ***"In order to avoid the shame of the condemning voices that continually bombarded the child with the message that he or she is inadequate and not worth much, the child begins secretly to construct another personality, one that is false and appears to be more adequate, intelligent, and/or honest than the child actually is."***

Miller (1997:72-73) expands this concept by proposing that the soul is on an adventure to search for reality, integrity and God, and that the **unconscious decision** will change the entire course of the individual's life, which is the **construction of the false personality, as a result of the shaming voices**. *"The escalation increases until the child, in a drastic move to avoid the pain of the inner struggle, separates itself from the soul and locks the soul in a dungeon within his or her unconscious mind to quiet its screaming insistence that the child strive with all it has for reality and integrity, for congruence – what the soul considers to be the only roads to fulfilment and peace"* (Miller, 1997:73).

The boundaries around the disowned core of his natural self are held tightly, to prevent any leakage. But, on the other hand, the boundary of his inflated self-concept is so global, so dogmatic, that it includes all others as an extension of himself. To survive he becomes a rigid child, a Minimiser with a controlling personality

### 3.5.3 MANIFESTING AS A RIGID CONTROLLER IN ADULTHOOD

The rigid child becomes opinionated, fixed and dogmatic in adulthood, leading an assiduously resolute and self-centred life, what Hendrix (1997:88) refers to as the Controller. He has limited access to his emotions, lacking empathy with others. He will select a partner subconsciously who contains the traits of his Lost Self, and then, inadvertently, point out her defects and faults. Subconsciously he is re-enacting what his parents did with him, all the while consciously denying his critical attitude. Having learnt to control his behaviour as a child, he is unable to handle uncertainty, spontaneity, softness or even surprises - in himself and others. He is an obsessive thinker and behaves compulsively. He plans his life in advance, preferring everything in his life to be predictable. Domineering and critical, his complaint regarding his partner is, "You don't seem to know what you want," or "Make up your mind." Others are not seen as people with thoughts and opinions and feelings, but as objects to be controlled, often for his personal and instant gratification.

Miller (1997:106) asserts that: *"When the longing for intimacy in a relationship has been blocked or denied by the self-defeating behaviour of constructed personalities, there often arises an urgent need in one or both partners to get control of the other party. In fact, under the threat of losing a close relationship, the constructed personalities sometimes forgets about its goals in the future and redoubles its efforts to control everything and everyone important to him or her in the present."*

### 3.5.4 THE FEAR OF BEING A SELF CREATING THE INVISIBLE CHILD

Some parents are almost completely lacking in the mirroring responses that assist the child in individuating and self-integrating. Perhaps this is motivated from a need to keep the child dependent, perhaps because of their intense preoccupation with themselves or other things. These parents show a preoccupation with being parented themselves; or, alternatively, they need to be needed (Hendrix, 1997:89).

But, with no opportunity or even encouragement for self-expression, the child loses sight of himself, and remains amorphous and undefined. Unable to integrate and synthesize his transient identifications for lack of consistent mirroring, these unmet needs drift around muddled in his unconscious, producing a fragmented self. He develops diffuse, undefined boundaries, and becomes unable to distinguish between himself and others. Lacking the necessary self-delineation, he is unable to form and store a coherent image of himself. He oscillates between the parts of

himself without being conscious and appears to have more than one personality. His moods are labile, changing from happy to suddenly angry, without any clear connection between his experiences. He develops into an emotionally-frozen person, and endures the fear of not being seen, defeated by a feeling of invisibility. He fears himself as **“not existing”** and complains to his partner that **“You don’t even notice me.”**

Without being mirrored, the child develops a hazy, indistinguishable, unsure identity. He does not understand boundaries and fears being ignored, so he decides subconsciously and responds subsequently by always performing, trying to get noticed, becoming a Maximiser with diffuse boundaries. Unable to find his reflection in the mirror of his parents, his energy becomes limitless and directionless, his conversation themeless, and his mental associations random and chaotic. Hendrix (1997:89-90) describes this aptly as being in a room with no walls, a canyon with no echo. Without the feedback of an “other” we cannot establish a sense of self or boundaries, and therefore it is virtually impossible to become aware of others’ boundaries. The invisible child is invading others’ territory continually, and is unable to prevent others from invading his.

Unable to formulate a consistent image of his caretakers, having introjected their good and bad traits without synthesizing them, he randomly projects the bad traits onto others, or, when frustrated, identifies transiently with the negative traits of the internalized “bad” parents, and treats others the way he was mistreated by his caretakers (Hendrix, 1997:90).

### 3.5.5 MANIFESTING AS A COMPLIANT DIFFUSER IN ADULTHOOD

In adulthood, the invisible child’s complaint is: **“I don’t know who I am”** or **“I don’t know what I want”** or **“I feel invisible to you”**, according to Hendrix (1997:90). **Being fearful of being a self, being who he is, he becomes like a chameleon, absorbing the energy and opinion and feelings of the people and environment that surrounds him**, at any given time – only to change when placed with new people or new surroundings. He constantly seems to be redefining himself, and achieves validation by scanning the behaviour and facial expressions – and then replicating the same - as others. His energy is divided between looking for himself in the reflection of others, or maximising his plea to be noticed by ranting and raving, or seductively focussing attention to himself.

Hendrix (1997:90) provides an example of a Diffuser woman, the seductress who looks sexy and is so full of flirtatious energy that men assume she will be fantastic in bed—but she proves to be a big letdown. She is attempting to be what she thinks her partner wants her to be, but simultaneously she is resentful that she is not noticed for herself, and fearful of the self she wants to be. Her unsuspecting partner ends up in bed with an emotionally labile non-person, a submissive false self who is instinctively trying to become whole by being what others expect of her. *“Then, shifting from experiencing herself as the invisible child to identification with the internalized “bad” parent, she criticizes her partner’s sexuality, devaluing him as she was devalued by her parents. A loose cannon of boundless rage that she is not valued as a person, she makes her partner invisible. Most of her energy is angrily directed “out there,” to the attempt to be visible, at the price of not being anyone, achieving the deflection she fears and deflecting the other in turn. Like her controlling partner who replicates with her his domination by his parents, she renders him invisible as she was rendered invisible by hers.”* (Hendrix, 1997:90)

### **3.5.6 UNDERSTANDING THE DANCE BETWEEN THE CONTROLLER AND THE DIFFUSER**

Unsurprisingly, the Controller and the Diffuser end up in relationship, and their power struggle centres around dominance and submission. One is attracted by expansiveness and openness; the other finds decisiveness and clarity appealing. One leads and the other follows. One is excessively dependent and not only allows, but seeks, definition by others, while resentfully rejecting it; the other is rigidly independent, compulsively and angrily refusing any input from others (Hendrix, 1997:91).

### **3.5.7 SUMMATION OF THE IDENTITY STAGE**

AGE: 3 – 4 YEARS APPROXIMATELY

CORE NEED: EMBARKS ON THE PROCESS OF BECOMING A SELF BY DEVELOPING A STABLE and CONSISTENT IMAGE OF HIM/HERSELF; and A CONSISTENT INNER IMAGE OF THE SIGNIFICANT OTHER IS HIS/HER LIFE.

**TABLE 3.4: TABLE REPRESENTING THE BEHAVIOUR OF THE MINIMISER AND MAXIMISER OF THE IDENTITY STAGE**

	MINIMIZER	MAXIMIZER
<p><b>Response of caregiver</b>  <b>Required caregiving response</b></p> <p><b>Deficient caregiving</b></p>	<p>The parent is required to notice and validate the experimental changes in persona, as the child experiments with different behaviours and identities, to validate the image he/she is choosing to project.                      Parents are threatened by the "birth of self" and suppress the child's emergent identity by rejecting or refraining to mirror those self assertions that do not fit their preconceived notions of what they want their child to be.</p>	<p>The parent is required to notice and validate the experimental changes in persona, as the child experiments with different behaviours and identities, to validate the image he/she is choosing to project.                      Parent's lack in mirroring response, wanting to keep the child dependent, or because of their intense pre-occupation with themselves or other things, therefore unable to assist their child with individuality and self-integration. These parents want to be parented themselves, or alternatively, need to be needed.</p>
<p><b>Creation of pattern</b>  <b>Subconscious conclusion</b></p>	<p>"I am not alright." "There is something wrong with me." "I can't be me and be loved and accepted."</p>	<p>With no reflection of his/her self-expression, the child loses sight of him/herself, and remains amorphous and unidentified.                      "I don't exist." "You never notice me." "I am invisible/unheard."</p>
<p><b>Subconscious decision</b></p>	<p>"My parents won't love me if I don't become what they want me to be. I have to present a false self to my parents and in the process deny my real self."</p>	<p>Unable to find his/her reflection in the mirror of his parents, his/her energy becomes directionless and limited, his/her conversation themeless and his/her mental associations random and chaotic. "I am going to keep trying harder to see my reflection in other people; I am going to force you to notice me by ranting or raving or seductively focusing attention on me."</p>
<p><b>Manifestation in childhood</b></p>	<p>Rigid child. The boundaries around the disowned core of</p>	<p>Invisible child. With diffuse, undefined boundaries he/she</p>

	his/her natural self are powerfully drawn to prevent change. Opposing the boundary of an inflated self-concept is so global that it includes all others as an extension of him/herself.	is unable to distinguish between him/herself and others. Lacking the necessary self-distinction, he/she is unable to form and store a coherent image of self. He/She oscillates between parts of him/herself without being conscious and appears to have more than one personality.
<b>Manifestation in life Response</b>	It manifests in adulthood as the rigid controller who leads a narrowly focused, rigid, self-centre life. He/She is unable to stand uncertainty, surprise or softness.	Manifests in adulthood as a compliant diffuser whose complaint is, "I don't know who I am." "I don't know what I want." "I feel invisible to you."
<b>Belief about life, people</b>	"I can't be me and be accepted and loved." "I have to hide who I really am in fear of being shamed or ridiculed."	"I will never be seen, heard, valued or accepted." "I will only be loved if I go along and please others."
<b>Ego state formation</b>	The result is that the child, yearning to be whole, develops a false self by identifying only with parentally or socially approved traits. He/She becomes only a partial self, denying or splitting off unapproved parts.	Being fearful of forming a self, he/she forms "empty ego states" and adopts, like a chameleon, the colouration of whoever they are around. Failing to integrate and synthesise his/her transient identification for lack of consistent mirroring, the unmet needs of life drift around muddled in his unconscious, producing a fragmented self.
<b>Core life complaint and response pattern</b>	"You want me to be somebody else." "You don't know what you want." Rigidly imposes his/her own will, super-rational with angry outbursts, takes charge and punishes.	"You never see me." "You want everything your way." Confused, alternates between compliance and defiance, exaggerates emotions, makes few suggestions and self-effacing.
<b>Life pattern</b>	Will attract people and situations in which they replay and re-enact their core issue with the world, "It's not all right, there is something wrong with it, it needs to be changed." In reality, he/she is projecting his/her own issue of, "I can't be met /be accepted in the world."	Will attract people and situations where their pattern of not being seen, not feeling valued – at work, in relationships – will be played out.

Please read Case Study 5.2 (FW) (Paragraph 5.5) in conjunction with the literature study on the Imago stage of Identity, which is an attempt to empirically validate the truth value of the Creation and Manifestation of Reality-theory.

### 3.6 COMPETENCE: "I CAN DO IT"

*"It became very clear to him that here was an answer to humanity's most fundamental dilemma. The craving and need behind these drives could never be satisfied by even the most spectacular achievements in the external world. The only way the yearning could be satisfied was to reconnect with this place in one's own unconscious. He suddenly understood the message of so many spiritual leaders that the only revolution that can work is the inner transformation of every human being."*

*Stanislaw Grof: The Holotropic Mind, 1993:35*

#### 3.6.1 DESCRIPTION OF THE COMPETENCE STAGE

The journey through early childhood – namely from birth through to around age 7 is a complex one, full of possibilities and potential pitfalls for both the caregiver and the child, as summarised by Hendrix (1997:94). Having survived the **trauma and distress of the pre-birth and birth process, the infant struggles to reconnect and re-establish attachment** – because attachment equals security. But paradoxically, having formed that very attachment, **the very next achievement is to separate successfully from it, to realise that he is an individual so that he can explore and investigate the world** around him. He needs to remain connected and secure within his relationship with his parents, at the same time as being given the freedom to explore and experiment. After achieving the security of the internal mental construct, he reaches **the stage of individuation, experimented with different personalities and identities, and measured his internal identity against the reactions of others until he finds a self that matches him, succeeding in becoming an integrated self.**

It is the next phase that allows the child to establish the basis of his personal power his limitations, as well as determining what belongs to him and what doesn't. At this age, the child 'competes' with others, including parents, siblings and peers to establish awareness of his competence. *"Competence is the last of the major development tasks of early childhood,*

*although the cycle of personal development and growth repeats itself in increasingly complex configurations throughout life" (Hendrix, 1997:95).*

Freud labelled this the Oedipal stage, but this stage is far more complex than simply vying with the same-sex parent for the attentions of the opposite-sex parent. Hendrix (1997:95) believes that, at the stage of Competence, the child attempts to become competent in the management of himself in the world of others and things. He experiments with the effect he is able to produce on his life world by impacting it with all his strength and ingenuity. The purpose of his initiative is to experience the extent of his social power, establishing self-value by the degree in which he succeeds.

During the Competence stage the parental task is a continuation of the mirroring of encouragement, affirmation, validation, and praise for effective accomplishment and the transfer of proper limits of behaviour. The child wants to learn and to succeed and if accomplished successfully, the child experiences himself as able to master his environment and, in feeling competent, establishing the framework for positive self-esteem. Through internalization of his parents' values he establishes an autonomous conscience to guide him in his behaviour with others in the larger world (Hendrix, 1997:94).

### **3.6.2 FEAR OF FAILURE/DISAPPROVAL CREATING THE COMPETITIVE CHILD**

Sometimes parents are threatened by their child's initiative and competitiveness and similar to the parents of the detached, distant and rigid children in the preceding stages, they reward and punish their child's expression of competence selectively. The child who gets insufficient, inconsistent, and unreliable mirroring is trapped in a never-ending feedback loop: *"Since his efforts sometimes meet with approval, he keeps trying, never knowing when his efforts will produce results. **Driven by feelings that nothing he does is good enough, that if he just tries a little harder, he will make it, he gets "stuck" performing and competing, trying to win, to get noticed, to produce an effect. Overburdened by guilt and fear of failure, he deadens his conscience in order to relieve his pain. He gives up on intimacy and settles for success as an indirect bid for approval. When things go well, if he wins or gets approval, he is euphoric, but when he loses or fears he has disappointed others, he falls into depression. Alternating between rage and despair, desperate to avoid failure or disapproval, he knuckles under even harder. But no matter how successful he becomes, he is unable to enjoy his life, because he never feels successful. The competitive child becomes a***

*Minimiser with rigid boundaries who is compulsive in his own efforts while deprecating the efforts of others". (Hendrix, 1997:95-96)*

### 3.6.3 MANIFESTING AS A COMPULSIVE COMPETITOR IN ADULTHOOD

The competitive child becomes a Compulsive Competitor in adult life; a man who appears successful as an adult, but lacks empathy for others; occasionally evading moral values, according to Hendrix (1997:96). Being competitive and combative, he succeeds in reaching the top echelon in life, like managing a big corporation. He is focused on being successful at all odds. ***"You're not even trying,"*** he complains, or ***"Can't you do anything right?"*** He often finds himself overextending, unable to employ subtler tactics when called for; or he reaches his goal, and is then unable to understand why he still feels meaningless.

### 3.6.4 FEAR OF AGGRESSIVENESS/SUCCESS CREATING THE HELPLESS OR MANIPULATIVE CHILD

However, unlike the preceding parents of the competitive child, who alternately praise and criticize their child's initiatives, some parents are consistent in their lack of support of the child's attempts to achieve a sense of personal power. The child becomes confused by their constant criticism about how to convey himself; he alternates between feelings of helplessness and resentment. The child's way of succeeding is a manipulative passive/aggressive stance. His tactic is never to compete openly; he wins by pretending not to compete, or by preventing others from succeeding. Like his opposite number, the Controller, he also lacks empathy and experiences momentary failures of conscience.

If a child is criticized habitually or not affirmed—"You didn't do that right", or "That doesn't look like a tree to me," or "Why can't you read as fast as Peter?"— he gives up, feeling he cannot do it right anyway. Hendrix (1997:97) observes similarities between the helpless or manipulative child and the clinging, ambivalent and invisible child; **he avoids asserting himself because he experiences repeated deflection and disapproval, and subsequently learns to fear failing.** He feels powerless to please his parents and to find an approach to have an effect on his world. **He makes a decision to retreat from the competition, protesting that he is not appreciated, or not given a fair chance to win.** Full of resentment, he feels at the mercy of his environment. To reduce the emotional pain of consistent deflection, he identifies with the deflecting parents and treats others as

incompetent. A Minimiser with constricted boundaries, he learns to be manipulative, and sometimes becomes a saboteur.

### 3.6.5 MANIFESTING AS A MANIPULATIVE COMPROMISER IN ADULTHOOD

The Hypnotic Blueprint manifests for the adult Compromiser for life by avoiding anything where he can be compared to others. Placed in a competitive situation, he acts in a way that will make the other person appear bad, and he seldom feels guilt over the other's discomposure. At work, he maintains a low profile, staying in jobs below his capabilities, and he might subtly undermine the efforts of co-workers. He will not openly pursue the partner who he feels is too good for him, but orchestrates to be pursued while denying any interest in being courted. His complaint is ***"You don't value anything I do"*** or ***"Can't we just play for fun?"*** Behind these complaints is a hidden resentment or subconscious decision: ***"I'll get even."*** (Hendrix, 1997:97).

### 3.6.6 UNDERSTANDING THE DANCE BETWEEN THE COMPETITOR AND THE COMPROMISER

Hendrix (1997:99) emphasizes that the consequences in maturity of a failure at the Competence stage are not as damaging if it happened at an earlier developmental stage. *"The Maximiser (Compromiser) is not as volatile and intrusive, the Minimiser (Competitor) not as closed off and rigid as they might be if their wounding occurred earlier in childhood. The Minimiser wounded at this stage can look and act downright hysterical next to someone even more withheld. The Maximiser may seem docile, almost passive, relative to a Maximiser wounded at the stage of Attachment. In some situations, the Competitor is able to relax and enjoy himself without having to win; the Compromiser can assert himself in a comfortable situation. Fluidity and rigidity are relative and situational, affected by the interrelationship with others."* Thus the earlier the stage of wounding of the couple, the more volatile their interaction.

### 3.6.7 SUMMATION OF THE COMPETENCE STAGE

AGE: 4 YEARS

CORE NEED: NEED FOR COMPETITION WITH OTHERS, INCLUDING PEERS, SIBLINGS AND PARENTS TO ESTABLISH HIS/HER PERSONAL POWER and LIMITATIONS, AS WELL AS DETERMINING WHAT BELONGS TO HIM/HER and WHAT DOES NOT. THE NEED IS THUS TO

BECOME COMPETENT IN THE MANAGEMENT OF HIM/HERSELF IN THE WORLD OF OTHERS and THINGS. THE PURPOSE OF THIS INITIATIVE IS TO EXPERIENCE THE EXTENT OF HIS/HER SOCIAL POWR, ESTABLISHING SELF VALUE BY THE DEGREE TO WHICH HE/SHE SUCCEEDS.

**TABLE 3.5: TABLE REPRESENTING THE BEHAVIOUR OF THE MINIMISER AND MAXIMISER OF THE COMPETENCE STAGE**

	MINIMIZER	MAXIMIZER
<b>Response of caregiver Required caregiving response Deficient care giving</b>	Parents are threatened by their child's initiative and competitiveness and they selectively reward and punish their child who gets insufficient and inconsistent or unreasonable feedback, and is caught in a never-ending feedback loop.	Parents consistently lack support for their child's attempts to achieve a sense of personal power. The child is confused by their constant criticism about how to convey himself; he alternates between fully helpless and resentful.
<b>Creation of pattern Subconscious conclusion</b>	"Nothing I do is ever good enough."	"You don't value anything I do." "Nothing I do is acknowledged." "I am powerless to please my parents." "I am at the mercy of my environment."
<b>Subconscious decision</b>	"(and I therefore decide that) if I try a little bit harder, I will make it."	"(and I therefore decide to) not compete / compete, but to pretend not to compete / to get even."
<b>Manifestation in childhood</b>	The competitive child. Alternating between rage and despair, he/she works even harder at being a success, but irrelevant of how successful he/she becomes, he/she is unable to enjoy his/her life, because he/she never feels good enough.	The helpless, manipulative child. This child's way of succeeding is a manipulative, passive/aggressive stance. His/her tactic is never to compete openly, he/she wins by pretending not to compete, or to prevent others from succeeding.
<b>Manifestation in life Response</b>	The adult becomes a compulsive competitor who is successful by all appearances, but lacks empathy for others occasionally evading moral values. He/she reaches his/her goals, but had this pervasive feeling of meaninglessness.	In adulthood he/she manifests as a manipulative compromise who avoids doing anything that can be compared to others. Placed in a competitive situation he acts in a way that will make the other person appear bad and he seldom feels guilty about the other's discomposure. They find partners below their potential

		to prevent being shown up.
<b>Belief about life, people</b>	Their core belief is, "I have to be perfect." They believe that they re only loved when they are the best.	"I will be loved if I am good and cooperative."
<b>Ego state formation</b>	Overburdened by guilt and fear of failure, they deaden their conscience in order to relieve their pain. He/she gives up on intimacy and settles for success in an indirect and for approval. Ego State 1: "I'm wonderful if I succeed." Ego Stage 2: "I am terrible if I fail."	Ego Stage 1: "I am incompetent / powerless" and to reduce the emotional pain of consistent deflection he/she identifies with the deflecting parent; and Ego State 2: projects his feelings of incompetence onto others. Ego Stage 3: To survive he/she becomes manipulative / sabotaging.
<b>Core life complaint and response pattern</b>	"You are never satisfied." Feelings of anger and guilt. They respond by becoming competitive and aggressive.	"You always have to win." Feelings of helplessness and resentment. Respond by becoming manipulative, compromising and sabotaging.
<b>Life pattern</b>	In their lives they will attract people and situations in which they will feel hey have to prove their worth through achievement, but remain with a feeling of emptiness in spite of considerable achievement.	In their lives the manipulative compromiser will attract people and situations which make them feel powerful. They will do anything to let others fail, because if others are not successful they will not be shown up.

Please juxtapose the literature study on the Competence stage with the empirical study to prove the validity of the Creation and Manifestation of Reality-theory by reading Case Study 5.4 (EB) (paragraph 5.5).

### 3.7 PAST-LIFE EXPERIENCES: BACHE

TenDam (2003:306) mentions that the subconscious is a chapter, or rather a library in itself. Our life may even split into different strands of experience with different subpersonalities. To some extent, everybody's personality is a community of relatively independent parts, with reference made to Dissociative Identity Disorder, previously known as Multiple Personality Disorder. He likens our personality to a family, members which interact, consolidate or furcate. He asserts that the various personalities of the different lifetimes resemble the various subpersonalities we know during one

life. *"When we die, we continue the personality of the past life, but soon enough we gain access to past personalities and thus, after reviewing our past life, we grow into this larger personality, usually focussed on the more aware and the most mature lifetime. This comprehensive sense of self disappears with each incarnation, as in sleep: we experience a break in consciousness, but not a break in personality."* (TenDam, 2003:310-311)

TenDam (2000:312-313) states that our present personality is more than nurture and nature. First, we have often chosen our parents, and so our genes, environment and ourselves. Second, we often have a life plan we designed and accepted, and have compiled a fund of capabilities and characteristics from our past personalities. The researcher is of the opinion that the developmental stages of Attachment, Exploration, Identity, Competence and others also repeats in past life thematically, and will provide evidence for this assertion in Chapter 5, illustrating this point in the presentation of the case studies. At any moment in our life we have, in addition to our personality developed so far, the as yet unrealised potential of our life plan. Our personality is not only what we are, but also what we are meant to become according to our life line. As a result we have:

- Our present personality, with its sub-personalities.
- Our traumas and postulates (According to the researcher these postulates make up the subconscious conclusions and decisions, forming the Hypnotic Blueprint or Life Theme repeated through lifetimes).
- The unrealised potential of this life.
- The discarnate part of the larger personality.
- The up to the present moment unexplored potential of the soul.

For that reason, our personal development requires:

- Resolving traumas and postulates (Subconscious conclusions and decisions)
- Liberating and incorporating problematic subpersonalities.
- Harmonising and connecting the other subpersonalities.
- Realisation of our life line.
- Contacting our larger personality.
- Developing more knowledge, understanding and wisdom; more morality, empathy and love; more independence, competence and creativity (TenDam, 2003:312-313).

Bache (1994:124-125) questions whether the dynamic presences we meet are not the integrated sum experience of the entire life, but thematic fragments of experience that have become fixated or frozen by their stuckness to a particular pain or circumstance. The researcher argues that these areas of stuckness relate to developmental stages.

### **3.8 LIFE BETWEEN LIFE EXPERIENCES**

Newton (1998; 2000) developed a very interesting theory, namely that, between lifetimes, the soul returns to the light where he has an opportunity to evaluate his life just passed in terms of the lessons he was supposed to learn, meeting his soul guide. The soul is cleansed and evaluated. He then goes through an educational experience with his soul grouping to prepare him for his next incarnation. Before this incarnation he has the opportunity to choose life tasks, his parents, country he will be born into and the life lessons he will attempt to accomplish in that lifetime. The researcher poses the question whether we go through lifetimes of repeating the same developmental task, for instance attachment, exploration, identity, competence and others. Is there an evolvment from attachment to exploration to identity to competence, etc? If that is the case, are people in the attachment stage thus at a lower level of spiritual development than, for instance, people arrested at competence? If that is the case, can we, through becoming aware at what stage we are stuck, and working hard to evolve ourselves to other stages by becoming conscious and aware, evolve ourselves not only in this lifetime, but on a level of soul?

### **3.9 PRE-BIRTH AND BIRTH EXPERIENCES**

#### **3.9.1 INTRODUCTION**

Janov (1993:26) confirms the fact that a foetus feels pain in the womb. Two investigators, Anand and Hickey, have pointed out that 'the nerve tracts carrying pain signals from the spinal cord to the lower centres of the brain are almost fully developed at 35 – 37 weeks of gestation ... EEG (brain wave) studies show well-developed electrical activity in both cerebral hemispheres at 26 weeks. At that age the developing foetus is capable of the registration of emotional and physical pain.

Janov elucidates that in a report to the *New England Journal of Medicine*, Anand and Hickey points out further that, after circumcision, there is evidence of continued memory of the event. There are

later behavioural changes which indicate the disruption of 'the adaptation of newborn infants to their post-natal environment.'

Janov (1993:27) considers the capacity for stress in the newborn child, and finds it unsurprising that Anand and Hickey found that babies react to events much more strongly than adults. In a 1983 study of the stress response of babies undergoing surgery, Anand said, *'To my surprise I found that babies had five times the stress response of adults undergoing similar surgery. Hormone levels, blood pressure, heart rate and levels of metabolic by-products all skyrocketed.'* The relevance of this is that the response is obviously more than a baby can bear. The response is in part blocked, gated and held in storage for a lifetime, becoming the source of later tension. The emotional memory apparatus during all of this time remains operational.

Janov (1993:27-28) concludes that the baby's stress response is not confined to surgery. It can be present in the case of emotional trauma as well. That is the function of the limbic system. This system contains pain receptors; the number of pain receptors are increased by the presence of pain. Too often the foetus and the newborn are considered as some kind of blob or inanimate thing where nothing registers because the foetus is unable to talk about it. We witness from observations, and from recent research, that the infant registers experiences with a great impact. The ability to describe or discuss the experience has no relevance to the impact. In life the person will have all kinds of misperceptions and strange ideas when he tries to ascribe meaning to wordless, early experience.

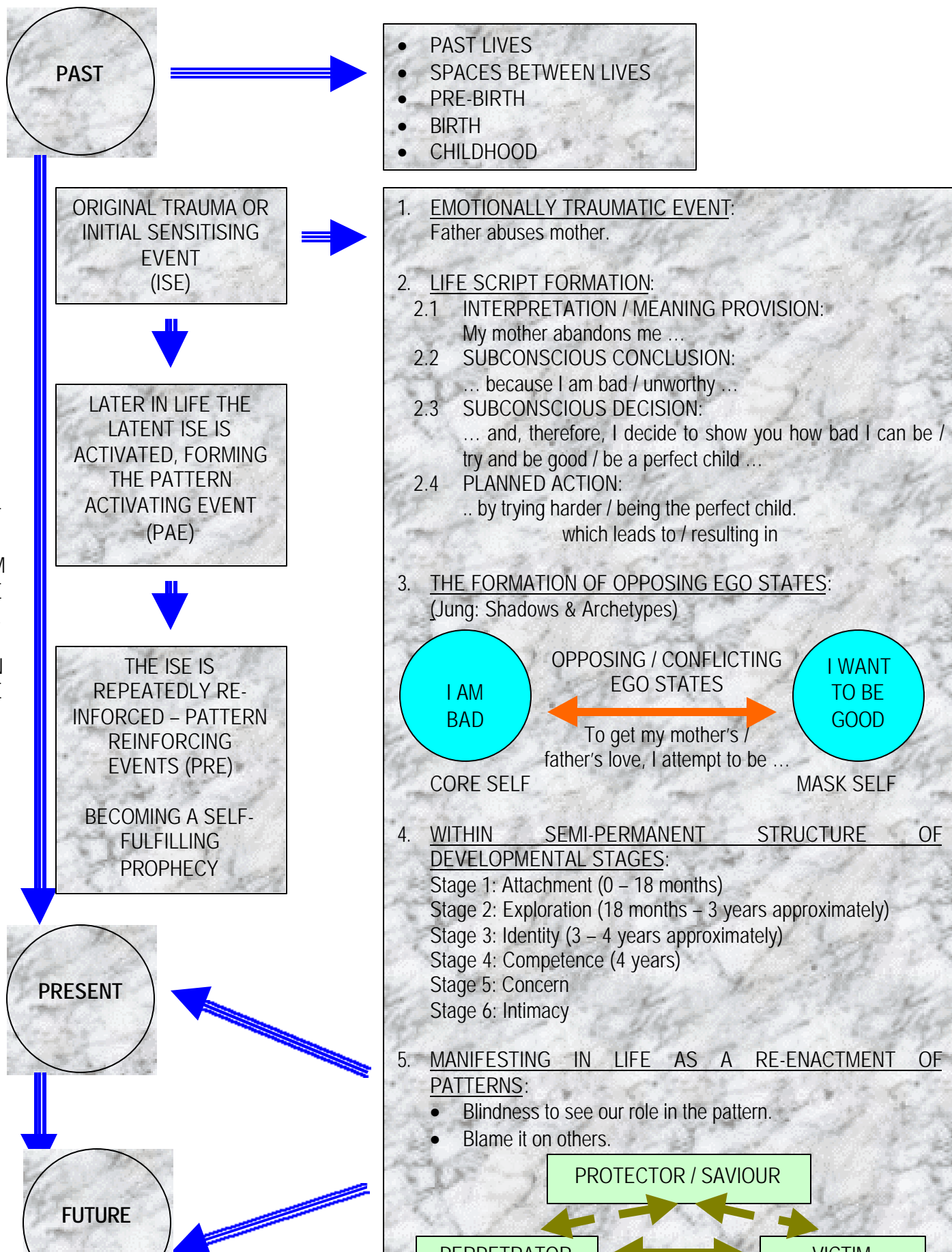
Grof (1993:24) refers to a discovery he made in his research, namely that memories of emotional and physical experiences are stored in the psyche in the form of complex constellations which he refers to as COEX (systems of condensed experience), as opposed to isolated fragments. *"Each COEX system consists of emotionally charged memories of different periods of our lives; the common denominator that brings them together is that they share the same emotional quality or physical sensation. Each COEX system may have many layers, each permeated by a central theme, sensations, and emotional qualities"*. Different layers can be identified according to the different periods of the person's life. Each COEX has a characteristic theme that it is characterised by. The researcher is of the opinion that what Grof refers to as COEX, is similar to the traumatic moments during which life changing conclusions and decisions are made. Grof posits that it is would be erroneous to assume that COEX systems always contains painful material, as it includes collections of positive experiences, like peace, bliss and ecstasy, that created our psyches. Grof

(1993:25) continues by stating that each COEX constellation appears to be superimposed and anchored in a very particular aspect of the birth experience, which is rich and complex in physical sensations and emotions, containing the elementary themes for each conceivable COEX system." In addition to these perinatal components, typical COEX systems can even have deeper roots reaching into the realm of transpersonal psychology including past life experiences, archetypes of the collective unconscious, and identification with other life forms and processes. His research correlates with that of the researcher, and he verbalises it succinctly: *"My research experience with the COEX systems has convinced me that they serve to organize not only the individual unconsciousness, as I originally believed, but the entire human psyche itself."* (Grof, 1993:25). The researcher added the organising principle of the Imago Developmental stages, which he asserts serves as a system along which the human psyche can be organised, taking into account the crucial role of the COEX and the Subconscious Conclusions and Decisions. Grof (1993:25-26) continues his argument: *"COEX systems can affect every area of our emotional lives. They can influence the way we perceive ourselves, other people, and the world around us, They are the dynamic forces behind our emotional and psychosomatic symptoms, setting the stage for the difficulties we have relating to ourselves and to other people. There is a constant interplay between the COEX system of our inner world and events in the external world. External events can activate corresponding COEX systems within us. Conversely, COEX systems help shape our perceptions of the world, and through these perceptions we act in ways that bring about situations in the external world that echo patterns in our COEX systems. Put another way, our inner perceptions can function like complex life scripts through which we recreate the core themes of our own COEX systems in the external world."*

The four stages of birth defined by Grof (2000:20-136; 1988:7-36; 1993:33-82) is referred to as Basic Perinatal Matrix (BPM) I-IV, and when the researcher reread it, he was astounded by the synchronous intersection it showed with the Imago Developmental Stages of Attachment, Exploration, Identity and Competence (Hendrix, 1997:57-99; Hendrix & Hunt, 1997:199-250; and Luquet, 1996:7-10). In the following paragraphs the researcher will motivate why he is of the opinion that there exists an uncanny and accurate similarity between independent researchers

### 3.10 GRAPHICAL SUMMATION OF THE CREATION AND MANIFESTATION OF REALITY THEORY, INCLUDING THE IMAGO DEVELOPMENTALLY INCOMPLETE NEEDS

FIGURE 3.2: THE CREATION AND MANIFESTATION OF REALITY-THEORY



**TABLE 3.6: TABLE REPRESENTING THE COMPARISON OF BEHAVIOUR OF THE MINIMISER AND MAXIMISER IN DEVELOPMENTAL STAGES 1-4**

<b>STAGE 1: ATTACHMENT</b> AGE: 0-18 MONTHS		<b>STAGE 2: EXPLORATION</b> AGE: 18 MONTHS-3 YEARS APPROXIMATELY		<b>STAGE 3: IDENTITY</b> AGE: 3-4 YEARS APPROXIMATELY		<b>STAGE 4: COMPETENCE</b> AGE: 4 YEARS	
CORE NEED: TO REATTACH TO ANOTHER.		CORE NEED: TO LEAVE HIS/HER MOTHER'S SIDE & EXPLORE HIS/HER WORLD, OR BEGIN TO FUNCTION ON HIS/HER OWN WITH THE CONFIDENCE THAT HE/SHE CAN RETURN TO A SECURE & LOVING HOME BASE. ENCOURAGEMENT TO EXPLORE WITHIN SAFE BOUNDARIES.		CORE NEED: TO EMBARK ON THE PROCESS OF BECOMING A SELF BY: <ul style="list-style-type: none"> <li>• DEVELOPING A STABLE &amp; CONSISTENT IMAGE OF HIM/HERSELF; &amp;</li> <li>• A CONSISTENT INNER IMAGE OF THE SIGNIFICANT OTHER IN HIS/HER LIFE.</li> </ul>		CORE NEED: FOR COMPETITION FC OTHERS, INCLUDING PEERS, SIBLING PARENTS TO ESTABLISH HIS/HER PERSONAL POWER & LIMITATIONS, WELL AS DETERMINING WHAT BELONGS TO HIM/HER & WHAT DOES NOT. THE NEED IS THUS TO BECOME COMPETITIVE IN THE MANAGEMENT OF HIM/HERSELF IN THE WORLD OF OTHERS & THING THE PURPOSE OF THIS INITIATIVE IS EXPERIENCE THE EXTENT OF HIS/HER SOCIAL POWER, ESTABLISHING SELF-VALUE BY THE DEGREE TO WHICH HE/SHE SUCCEEDS.	
<b>MINIMIZER</b>	<b>MAXIMIZER</b>	<b>MINIMIZER</b>	<b>MAXIMIZER</b>	<b>MINIMIZER</b>	<b>MAXIMIZER</b>	<b>MINIMIZER</b>	<b>MAXIMIZER</b>
<b>Response of caregiver / Required caregiving response / Deficient caregiving</b>							
Caretaker emotionally cold & provides inconsistent physical availability. Emotionally depressed or dispassionate & aloof. The child itself is a burden.	Caretaker inconsistent. Emotionally warm at times, emotionally cold or absent at other times. Such caretakers may be preoccupied, self-centered, angry, or busy; their moods fluctuate. They give attention to the child, but not when he cries or fusses for attention. The child's needs are a burden to his parent. As the child is powerless to establish a basic trust that his caregiver will meet his basic needs, the child senses that only his incessant demands will keep him alive.	Caretaker is excessively protective, setting unrealistic limits on the child, or prevents him/her passage into the world.	Mother pushes the child out exploring before he/she is ready, shattering the bonding. She is urging him/her to grow up prematurely, irritated by his/her attempts to be with her or hold her attention.	The parent is required to notice & validate the experimental changes in persona as the child experiments with different behaviours & identities, to validate the image he/she is choosing to project. Parents are threatened by the "birth of self" & suppress the child's emergent identity by rejecting or refraining to mirror those self assertions that do not fit their preconceived notions of what they want their child to be.	The parent is required to notice & validate the experimental changes in persona, as the child experiments with different behaviours & identities, to validate the image he/she is choosing to project. Parents lack in mirroring response, wanting to keep the child dependent, or because of their intense pre-occupation with themselves or other things, therefore unable to assist their child with individuality & self-integration. These parents want to be parented themselves, or alternatively, need to be needed.	Parents are threatened by their child's initiative & competitiveness & they selectively reward & punish their child who gets insufficient & inconsistent or unreasonable feedback, & is caught up in a never-ending feedback loop.	Parents consistently lack support for child's attempts to achieve a sense of personal power. Child is confused by their constant criticism about his/her behavior. He is alternately helpless & resentful.

<b>STAGE 1: ATTACHMENT</b>		<b>STAGE 2: EXPLORATION</b>		<b>STAGE 3: IDENTITY</b>		<b>STAGE 4: COMPETENCE</b>	
AGE: 0-18 MONTHS		AGE: 18 MONTHS-3 YEARS APPROXIMATELY		AGE: 3-4 YEARS APPROXIMATELY		AGE: 4 YEARS	
<b>Creation of pattern / Subconscious conclusion</b>							
“My mommy does not provide for my needs, does not care for me, & does not love me.”	“My mommy is there for me inconsistently.” The child concludes that his parents nurture him unreliably or inconsistently, therefore his brain signals that he is in danger.	“My mommy does not allow me to play by myself; I am being absorbed, stifled, trapped, & immersed.”	“My mommy pushes me away from her.”	“I am not alright.” “There is something wrong with me.” “I can’t be me & be loved & accepted.”	With no reflection of his/her self-expression, the child loses sight of him/herself & remains amorphous & unidentified. “I don’t exist” “You never notice me.” “I am invisible/unheard.”	“Nothing I do is every good enough.”	“You don’t do anything I do.” “Nothing I do is acknowledged.” “I am powerless to please my parents.” “I am at the mercy of my environment.”
<b>STAGE 1: ATTACHMENT</b>		<b>STAGE 2: EXPLORATION</b>		<b>STAGE 3: IDENTITY</b>		<b>STAGE 4: COMPETENCE</b>	
AGE: 0-18 MONTHS		AGE: 18 MONTHS-3 YEARS APPROXIMATELY		AGE: 3-4 YEARS APPROXIMATELY		AGE: 4 YEARS	
<b>Subconscious decision</b>							
“(& I therefore decide) to avoid her. If she does not love me, I do not deserve love. I deny myself. If I have no needs, nobody can hurt me.”	“(& I therefore decide) to hang on for dear life every time she gets close, not to let go. I must try harder.” The infant makes a decision that, “If I try harder, or long enough, or respond in a certain way everything will work out.” Thus is established the pattern of stress, inconsistent response, exaggeration, & doubt that creates an anxious child. Tormented by his mother’s unpredictable availability, he is simultaneously addicted to getting her attention & finding a way to get her to respond; at the same time he is angry that his needs aren’t being met.	“(& therefore I decide) to pretend & comply with her wishes, but rebel by sneaking away from her, withdrawing from her.”	“(& therefore I decide) to be afraid to leave my mother’s side, & if I need emotional reassurance, that she would disappear. To be happy so that my mother will want to be with me. To be a good child.”	“My parents won’t love me if I don’t become what they want me to be. I have to present a false self to my parents & in the process deny my real self.”	Unable to find his/her reflection in the mirror of his/her parents, his/her energy becomes directionless & limited, his/her conversation themeless & his/her mental associations random & chaotic. “I am going to keep trying harder to see my reflection in other people; I am going to force you to notice me by ranting or raving or seductively focusing attention on me.”	“(& therefore I decide that) if I try a little bit harder, I will make it.”	“(& therefore I decide to) not compete, but pretend not to compete / to even.”

<b>STAGE 1: ATTACHMENT</b> AGE: 0-18 MONTHS	<b>STAGE 2: EXPLORATION</b> AGE: 18 MONTHS-3 YEARS APPROXIMATELY	<b>STAGE 3: IDENTITY</b> AGE: 3-4 YEARS APPROXIMATELY	<b>STAGE 4: COMPETENCE</b> AGE: 4 YEARS				
<b>Manifestation in childhood</b>							
<p>Becomes a detached child, independent, avoids contact. Detached children are characterized by not crying very much, &amp; they seem to have limited needs; they take whatever they are given &amp; do not express their needs. The mother is often proud of her "good" baby in view of the fact that she finds dependence repulsive &amp; awkward. The detached infant, motivated by fear of contact, is expressing his survival mechanism, "I don't really need you to get by, I'm perfectly capable of taking care of myself." In reality the child has given up having needs in despair &amp; powerlessness.</p>	<p>Becomes a clingy child. He develops ambivalence towards the mother, attempting to hold on to his unpredictable mother by crying &amp; clutching on, &amp; other times rejecting her, pushing his mother away, even if she is being affectionate. Experiencing some of his needs satisfied &amp; others frustrated, he begins to develop an ambivalent (good/bad) attitude towards himself.</p>	<p>The distancing child sub-consciously chooses to close his/her boundaries &amp; make them unyielding.</p>	<p>Ambivalent child.</p>	<p>Rigid child. The boundaries around the disowned core of his/her natural self are powerfully drawn to prevent change. Opposing the boundary of an inflated self-concept is so global that it includes all others as an extension of him/herself.</p>	<p>Invisible child. With diffuse, undefined boundaries he/she is unable to distinguish between him/herself &amp; others. Lacking the necessary self-distinction, he/she is unable to form &amp; store coherent image of self. He/She oscillates between parts of him/herself without being conscious &amp; appears to have more than one personality.</p>	<p>The competitive child. Alternating between rage &amp; despair, he/she works even harder at being a success, but irrelevant of how successful he/she becomes, he/she is unable to enjoy his/her life, because he/she never feels good enough.</p>	<p>The help manipulative This child's wa succeeding is manipulative, passive/aggressive stance. His/her t is never to corr openly, he/she by pretending n compete, or prevent others succeeding.</p>

<b>STAGE 1: ATTACHMENT</b>		<b>STAGE 2: EXPLORATION</b>		<b>STAGE 3: IDENTITY</b>		<b>STAGE 4: COMPETENCE</b>	
AGE: 0-18 MONTHS		AGE: 18 MONTHS-3 YEARS APPROXIMATELY		AGE: 3-4 YEARS APPROXIMATELY		AGE: 4 YEARS	
<b>Manifestation in life / Response</b>							
Becomes an avoider. I don't need you to get by; I'm perfectly capable of taking care of myself.	Becomes a clinger. The person conceals himself behind a fictitious self, his unmet infantile need to connect is present & quite exaggerated, & combined with his learned protections, will influence his choice of a partner, his expectations of that partner, & the way he will relate in an attempt to get his needs met. They would have this feeling of being rejected, not having friends, being all alone, unable to rely on anybody. No only will this be evident in their close relationships, but in the whole way they see & interpret life.	"I need my space." Feels threatened if demands are made on his/her presence or emotions. Needs freedom of movement.	Pursuer. "I want closeness."	It manifests in adulthood as the rigid controller who leads a narrowly focused, rigid, self-centered life. He/She is unable to stand uncertainty or softness.	Manifests in adulthood as a compliant diffuser whose complaint is, "I don't know who I am." "I don't know what I want." "I feel invisible to you."	The adult becomes a compulsive competitor who is successful by all appearances, but lacks empathy for others occasionally evading moral values. He/She reaches his/her goals, but has this pervasive feeling of meaninglessness.	In adulthood he manifests as manipulative compromise avoids doing any that can be compared to others. Places competitive situation he acts in a way will make the person appear better he/she seldom guilty about other's discomposure. find partners b their potential prevent being set up.
<b>STAGE 1: ATTACHMENT</b>		<b>STAGE 2: EXPLORATION</b>		<b>STAGE 3: IDENTITY</b>		<b>STAGE 4: COMPETENCE</b>	
AGE: 0-18 MONTHS		AGE: 18 MONTHS-3 YEARS APPROXIMATELY		AGE: 3-4 YEARS APPROXIMATELY		AGE: 4 YEARS	
<b>Belief about life, people</b>							
I will be hurt if I initiate contact.	I am safe if I hold on to you.	I can't say no & be loved. I will be absorbed if I get too close.	I cannot rely on anyone. Don't be independent. If I am independent, I will be abandoned.	"I can't be me & be accepted & loved." "I have to hide who I really am in fear of being shamed or ridiculed."	"I will never be seen, heard, valued or accepted." "I will only be loved if I go along & please others."	Their core belief is, "I have to be perfect." They believe that they are only loved when they are the best.	"I will be loved if good and operative."
<b>STAGE 1: ATTACHMENT</b>		<b>STAGE 2: EXPLORATION</b>		<b>STAGE 3: IDENTITY</b>		<b>STAGE 4: COMPETENCE</b>	
AGE: 0-18 MONTHS		AGE: 18 MONTHS-3 YEARS APPROXIMATELY		AGE: 3-4 YEARS APPROXIMATELY		AGE: 4 YEARS	
<b>Relationship with life</b>							
Detached, avoidant, withdrawn, cold.	Demanding, all consuming, theatrical.						

<b>STAGE 1: ATTACHMENT</b> AGE: 0-18 MONTHS		<b>STAGE 2: EXPLORATION</b> AGE: 18 MONTHS-3 YEARS APPROXIMATELY		<b>STAGE 3: IDENTITY</b> AGE: 3-4 YEARS APPROXIMATELY		<b>STAGE 4: COMPETENCE</b> AGE: 4 YEARS	
<b>Ego-state formation</b>							
Presents an ego state of false self to the world, that he/she has no needs. Suppresses ego state that is needy, fearful of not being loved.	Presents an ego state to the world that is demanding of needs being met, "I need you to be there for me." Suppresses ego state that feels involved.	Ego state 1: Externally comply with mother's wishes. Ego state 2: Internally rebelling against her restrictions, to protect him/herself from being controlled & absorbed. Results in passive aggressive behaviour.	Ego state 1: Fearing abandonment. Ego state 2: "Be a good, pleasant & cheerful child so that mommy will want to be with me."	The result is that the child, yearning to be whole, develops a false self by identifying only with parentally or socially approved traits. He/She becomes only a partial self, denying or splitting off unapproved parts.	Being fearful of forming a self, he/she forms "empty ego states" & adopts, like a chameleon, the colouration of whoever they are around. Failing to integrate & synthesise his/her transient identification for lack of consistent mirroring, the unmet needs of life drift around muddled in his unconscious, producing a fragmented self.	Overburdened by guilt & fear of failure, they deaden their conscience in order to deaden their conscience and to relieve their pain. He/She gives up on intimacy & settles for success in an indirect & for approval.	Ego state 1: "I incompetent powerless," & reduce the emot pain of consi deflection he identifies with deflecting parent Ego state 2: pro his feelings incompetence others. Ego state 3: survive he becomes manipulative sabotaging.
<b>STAGE 1: ATTACHMENT</b> AGE: 0-18 MONTHS		<b>STAGE 2: EXPLORATION</b> AGE: 18 MONTHS-3 YEARS APPROXIMATELY		<b>STAGE 3: IDENTITY</b> AGE: 3-4 YEARS APPROXIMATELY		<b>STAGE 4: COMPETENCE</b> AGE: 4 YEARS	
<b>Core life complaint &amp; response pattern</b>							
"There is nobody here for me & I do not need them."	"There is nobody here for me, but if anybody comes close, I am going to latch on forever."	Feels that he does not get enough freedom & autonomy. Feels frustrated that others need too much. Manages it by becoming oppositional & distancing.	You are never there when I need you. Therefore, I will hold on & refuse to let you go. Will blame, demand, chase, complain & devalue.	"You want me to be somebody else." "You don't know what you want." Rigidly imposes his/her own will, super-rational with angry outbursts, takes charge & punishes.	"You never see me." "You want everything your way." Confused, alternates between compliance & defiance, exaggerates emotions, makes few suggestions & self-effacing.	"You are never satisfied." Feelings of anger & guilt. They respond by becoming competitive & aggressive.	"You always have to win." Feeling helplessness resentment. Respond by becoming manipulative, compromising sabotaging.

<b>STAGE 1: ATTACHMENT</b> AGE: 0-18 MONTHS	<b>STAGE 2: EXPLORATION</b> AGE: 18 MONTHS-3 YEARS APPROXIMATELY	<b>STAGE 3: IDENTITY</b> AGE: 3-4 YEARS APPROXIMATELY	<b>STAGE 4: COMPETENCE</b> AGE: 4 YEARS				
<b>Life pattern</b>							
Has an ever present sense that he/she is all alone in his/her own world, but that is the way he/she wants it, "If people get close, I push them away." Will attract needy people mirroring their life pattern/ego state with his/her repressed needs. Large chunks of themselves are buried, especially their sensitive, feeling side & their capacity for emotional joy & body pleasure. Their hidden needs for contact influence their selection of partners with excessive contact needs, which provides Avoiders with the contact they consciously deny they want. Consequently, they never have to approach their partners, because the partner's intense needs to be in contact fulfills the Avoider's denied needs to be in contact. But contact is still painful. The Clinger's need for closeness both attracted the Avoider & simultaneously made him feel desperate to escape.	Has a sense that he is alone in the world; there is nobody there for me. Responds by, "If people get close, I will hold on & not let them go as if my life depends on it."	Will attract people where he feels that they need too much & withdraw from their needs by becoming oppositional & distancing.	Will attract people where he plays a role of, "You are never there when I need you. I cannot rely on anybody. I will try to work harder for you to be there for me."	Will attract people & situations in which they replay & re-enact their core issue with the world. "It's not alright, there is something wrong with it, it needs to be changed." In reality, he/she is projecting his/her own issue of, "I can't be met / be accepted in the world."	Will attract people & situations where their pattern of not being seen, not feeling valued – at work, in relationships – will be played out.	In their lives they will attract people & situations in which they will feel they have to prove their worth through achievement, but remain with a feeling of emptiness in spite of considerable achievement.	In their lives manipulative compromiser attract people situations v make them powerful. They do anything to others fail because others are successful they not be shown up

